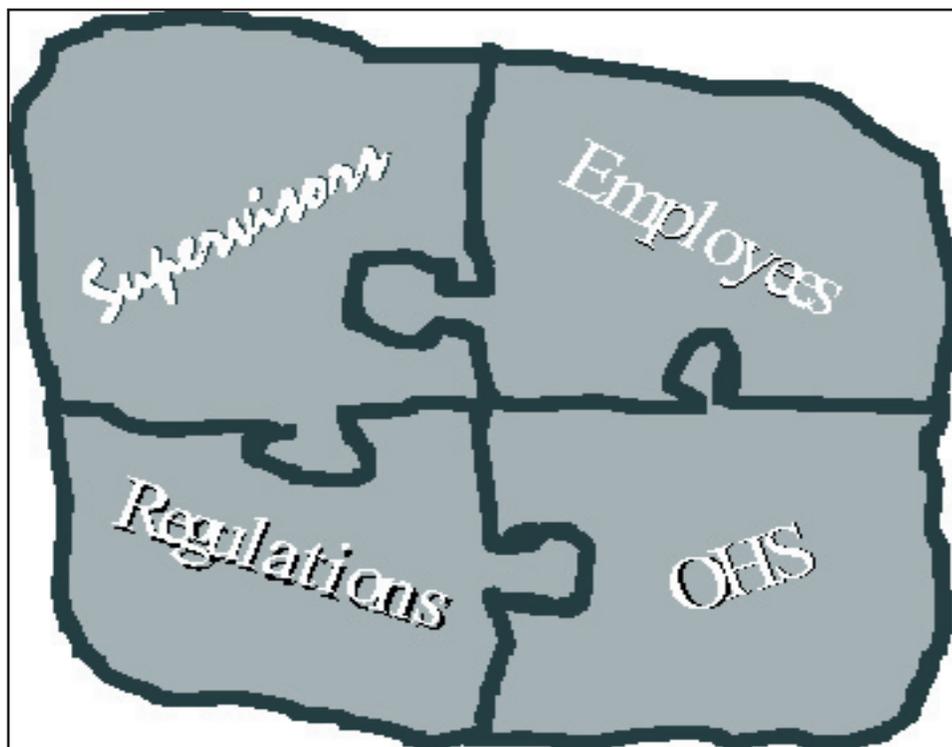


Safety Survival Skills

III. Supervisory Responsibilities

A Primer on Responsibilities,
Safety Practices, and Emergency
Response for CDC Supervisors



Safety Survival Skills

Safety Survival Skills

III. Supervisory Responsibilities

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OhASIS: <http://intranet.cdc.gov/ohs/>

Special Thanks to the staff of the Office of Health and Safety

Safety Survival Skills

Introduction

Today's workplace is quite different from those of ten years ago and vastly different from those of twenty years ago. New technologies and new attitudes have all contributed to produce a workplace where safe practices and procedures must be followed to assure the safety of all.

Yet, how many of us have ever received comprehensive job-specific safety training? More importantly, how many of us are ever required to review and update this essential training? All too often, we are ushered into the new job with only a brief mention of resident safety procedures, because it is assumed that we "come equipped" with information about the specific hazards we are likely to encounter. This can be a big mistake, because failure to train and/or adequately train continues to be among the workplace safety "regulators" most frequent grounds for citations. Employers can never assume that their employees share their beliefs about safety unless they take an active role in seeing that they are properly trained.

Few of us have first-hand accident investigation experience, but when we walk into any worksite, we are likely to note even the most basic safety guidelines being ignored. Specifically, doors are left open, protective clothing and equipment are not being used, work areas are cluttered with improperly stored materials, and unauthorized personal items (toaster ovens, space heaters, etc.) seem to be everywhere. Why is it that people ignore basic safety guidelines designed to protect them?

One factor is that most workers feel (as evidenced by grumbling and poor attendance at safety classes) that safety is such a simple and intuitive thing that "everyone" will know what to do if an accident occurs. Also, there is denial (or ignorance?), as evidenced by the repeated "it's not going to happen to me" remarks voiced to safety trainers. The longer workers perform the same tasks, the more routine the tasks become. In time, perceived "mastery of the obvious" breeds disregard for the possibility of hazard. Experienced and familiar workers tend to become complacent, overlook the risks, take shortcuts, and assume that they are performing in a safe manner when the exact opposite might be true.

The behavior of the supervisor plays a big role in establishing the overall "safety climate". If the supervisor never wears personal protective equipment when working in the lab and never enforces these practices with others, then why should we expect others working in the lab to

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do any differently? As you might imagine, age and gender also play a role. Those who are most likely to adhere to safety procedures and practice “defensive safety habits” are more likely to be female and “seasoned” employees, while those least likely to adhere to safety procedures and take excessive risks are “young” and male (Phillips, 1986; Gershon, 1995).

We should all step back from our daily routine, look beyond our personal biases, and consider the consequences of “*What if it happened to me?*” “*Do my co-workers and I have the necessary training under these circumstances?*” Every member of the management team is directly responsible for the safety of the employees under him or her. The actions of the supervisor have been shown time and again to have the most effect on maintaining a safe work environment even when dealing with such complex issues as regulatory changes, accident statistics, personal agendas, work schedules, costs, perceived needs, and time constraints.

This training manual provides an outline of basic information necessary for maintaining a safe work environment at CDC, as well as maintaining compliance with OSHA (Occupational Safety and Health Administration) and other Federal safety regulations. Supervisors are encouraged to review this manual periodically and to serve as a role model - to “walk the walk” and “talk the talk”.

Complete copies of CDC safety policies and OSHA regulations may be obtained from the OHS website, OhASIS, at <http://intranet.cdc.gov/ohs/>.

Supervisory Responsibilities

It is the policy of the Centers For Disease Control and Prevention (CDC) and the Agency For Toxic Substances and Disease Registry (ATSDR) to provide a safe and healthy work environment for all employees, visitors, contract employees, and human study participants.

Furthermore, the “Occupational Safety and Health Act of 1970, Part 1960 - Basic Elements for Federal OSH Programs and Related Matters” (Executive Order 12196, Public Law 91-596) states:

“Employees who exercise supervisory functions shall, to the extent of their authority, furnish employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm. They shall also comply with the occupational safety and health standards applicable to their agency and with all rules, regulations, and orders issued by the head of the agency with respect to the agency occupational safety and health program.”

Safety training at CDC/ATSDR is now mandatory for all CDC/ATSDR workers as outlined in the CDC/ATSDR Workforce Safety Training Policy. Each CIO must develop and implement a training program suitable for the training of its workforce, and each supervisor must therefore become aware of the hazards which may be present at their worksite. In addition, all supervisors should be aware of relevant CDC/OSHA policies, guidelines and regulations which govern safe practices during the work period.

Failure on the part of CIOs or supervisors to ensure compliance of their staff with these basic safety training requirements could result in individuals becoming personally liable for accidents occurring as a result of untrained staff.

CDC Policies

- Workforce Safety Training Policy
- Ergonomics Policy
- Corridor Use and Safety Policy
- Baseline Serum Storage Policy

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OSHA Regulations

- Access to employee exposure and medical records (29CFR1910.1020)
- Asbestos Awareness (29CFR1926.1101)
- Bloodborne Pathogens Standard (29CFR1910.1030)
- Emergency Response (29CFR1910.38)
- Ergonomics Awareness (OSH Act, Section 5(a)(1))
- Fire Prevention (29CFR1910.157)
- Hazardous Chemical Waste (40 CFR262,264,265)
- Hazard Communication (29CFR1910.1200)
- Hearing Protection (29CFR1910.95)
- Laboratory Standard (29CFR1910.1450)
- Lockout/Tagout (29CFR1910.147)
- Medical Services and First Aid (29CFR1910.151)
- OSH Act, Executive Order 12196, Title 29CFR 1960
- Permit Required Confined Space (29CFR1910.146)
- Radiation Safety (10CFR1920)
- Respiratory Protection (29CFR1910.134)
- Safety Orientation (29CFR1960)
- TB Respirator Standard (29 CFR 1910.139)

All supervisors should become familiar with their local area safety committee and the larger CDC Committees. If one does not exist, supervisors should consider forming one. For a complete listing of CDC safety committees and their members, go to <http://cdc.gov/intranet/ohs/>.

CDC Safety Committees

- Health and Safety Advisory Board (HSAB)
 - Occupational Health and Safety Committee (OHSC)
 - Environmental Quality Council (EQC)
 - Radiation Safety Committee (RSC)
 - Worksite Health Promotion Committee (WHPC)
 - Institutional Animal Care and Use Committee (IACUC)
 - Institutional Biosafety Committee (IBC)

A. General Safety

The following safety practices should be practiced on a daily basis:

1. Promote and support safe and healthy behaviors and practices among employees.
2. Make every attempt to prevent employee injury and illness, and provide assistance to those seeking treatment for injuries and/or illnesses.
3. Investigate and report all incidents and/or injuries to the Office of Health and Safety (OHS).
4. Ensure that all employees know and follow safe work procedures and promptly correct unsafe practices and/or actions.
5. Ensure that all employees are aware of their responsibilities and work in safe, uncluttered surroundings.
6. Ensure that all equipment operates safely and per manufacturer specifications.
7. Ensure that all employees know the location and operation of emergency equipment (first aid kits, eye wash/shower stations, fire extinguishers, pull alarms, chemical spill cabinets) and personal protective equipment (gloves, gowns, eyewear).
8. Conduct regular discussions, surveys, and demonstrations of safe work practices and emergency response.
9. Monitor safety training needs of all employees, including visitors; provide safety training opportunities in conjunction with OHS.
10. Comply with all applicable occupational safety and health standards, rules, and regulations as well as specific CDC mandates (e.g. safety surveys, radiation safety, respiratory protection, biosafety, chemical waste management, electrical safety, hearing protection, etc.).

B. Hazard Communication (*29 CFR Part 1910.1200*)

All employees have a “Right-to-Know” about the hazardous chemicals in their workplace. The Hazard Communication Standard (HazCom) requires employers to provide employees with information about the hazardous materials in their workplace, how to avoid chemical exposures, how to reduce their risk of exposure, and what to do in an emergency. It also requires a written hazard communication program. Failure to follow the Hazard Communication standard is the most frequently cited OSHA violation.

Supervisors who have employees working in areas where hazardous chemicals are stored, handled or used must:

1. Create and maintain an inventory of all hazardous chemicals

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2. Ensure proper labeling of all hazardous chemicals
3. Obtain and maintain material safety data sheets for all hazardous chemicals in the work area
4. Inform employees what hazardous chemicals are in the work area
5. Train employees about the hazardous chemicals used in the work area
6. Inform employees of the location of the written hazard communication program, the chemical inventory, and material safety data sheets, and
7. Ensure the proper disposal of all hazardous chemicals and their waste.

Material Safety Data Sheet (MSDS)

MSDSs are required by law to accompany all chemicals shipped by a manufacturer in the U.S. Supervisors are encouraged to have hard copies on hand of particularly hazardous chemicals. MSDSs may be obtained from the OHS or the OHS website, OhA-SIS, at - <http://intranet.cdc.gov/ohs/>.

MSDSs will provide the following information:

- Chemical ID
 - name(s)
 - formula if not proprietary
 - manufacturer name, address, and phone number
- Physical hazards
 - will it catch fire or explode
 - flash point
 - permissible exposure limits
- Physical/Chemical characteristics
 - boiling point
 - specific gravity
 - vapor pressure
- Reactivity
 - how stable is the chemical
 - will it react with other chemicals
 - will it decompose to another hazardous material
- Health hazards
 - routes of exposure
 - specific effects
 - signs & symptoms of exposure

- affected organs
 - Controls for preventing exposures
- PPE - eye protection, respirators, protective clothing
- personal hygiene - washing of hands
- engineering - chemical fume hoods, ventilation
 - Emergency response
- medical attention
- removal of contaminating materials
- movement to non-contaminated area

C. Laboratory Safety

The biomedical laboratories at CDC offer scientists, guest researchers, and visiting scientists some of the most unique opportunities in the world for the study of human health and illness. However, along with these unique opportunities comes a responsibility to be fully aware of the safe practices and procedures which allow the safe handling and work with a variety of microorganisms, animals, and hazardous chemicals. Unlike the office environment where the hazard level may be minimal at best, CDC's laboratorians work with agents and chemicals ranging from those of minimal hazard to those which are quite infectious, toxic and even lethal. Consequently, laboratory supervisors at CDC should be constantly on the lookout for opportunities to improve the safety and welfare of their workers.

1. Minimize the likelihood of laboratory accidents by:
 - identifying lab hazards and the risks associated with these hazards
 - ensuring that all workers are aware of hazards and the precautions to be taken when doing their job
 - selecting proper procedures and engineering controls to minimize the risks
 - implementing appropriate serologic monitoring and immunization protocols (i.e. AIMS)
 - conducting regular discussions on lab safety
 - ensuring that all equipment is in working order
 - ensuring that all employees are well trained in laboratory practices and procedures • knowing the location and use of emergency equipment and ensuring that they are in good working order (eye washes, safety showers, fire extinguishers)
 - using appropriate personal protective equipment when working in the laboratory (i.e. lab coat, gloves, eye protection, respirator)

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- leaving lab materials inside the laboratory unless decontaminated for removal
- properly disposing of all lab waste into appropriate waste containers
- developing laboratory specific manuals for laboratory practices and procedures
- providing access to material safety data sheets for all hazardous chemicals
- providing ready access to all equipment safety manuals
- posting of appropriate hazard warning signage
- knowing key OHS personnel to call in the event of a spill or incident..

2. Adhere to CDC/CIO guidelines and relevant OSHA, NRC, and EPA regulations (full details available on “OhASIS”):

Guidelines/References

- NCID/NCEH safety plans
- Biosafety in Microbiological and Biomedical Laboratories (CDC/NIH)
- Primary Containment for Biohazards (CDC)
- Working Safely with Hazardous Chemicals (CDC)
- Radiation Safety Manual (CDC)
- Prudent Practices (National Research Council)

Federal Regulations

- “Lab Standard” - Occupational Exposure to Hazardous Chemicals in the Laboratory (29 CFR 1910.1450) (OSHA)
 - Bloodborne Pathogens Standard (29 CFR 1910.1030)(OSHA)
 - Removal of Hazardous Chemical Waste (EPA)
 - Standards for Protection Against Radiation (NRC)
 - Transporting Hazardous Materials (DOT)
 - Respiratory Protection (OSHA)
 - Personal Protective Equipment (OSHA)
 - Transporting of infectious substances and clinical specimens (HHS)

3. Ensure that lab corridors remain free of obstruction:

- One pre-designated side of each corridor shall remain completely unobstructed.
- A minimum unobstructed corridor width of 44 inches shall be maintained as required by current fire codes.
- Electrical panels and fire extinguishers are not blocked and have 36 inches of clearance on each side.
- No material is to be placed within 18 inches of either side of doorways.

- “EXIT” signs shall remain lit and visible at all times.
- Emergency evacuation routes/plan shall be routinely visible to all occupants and located on each floor at or near a common area.
- Safety showers/eyewashes located in corridors shall not be blocked by equipment, furniture, or supplies.

D. Medical Management

The Occupational Safety and Health Act of 1970 requires CDC managers and supervisors to provide their workers with a safe place in which to work. However, by definition, “accidents” are “unplanned” events which will undoubtedly happen where people work. All CDC/ATSDR employees must therefore be familiar with the procedures for reporting occupational injuries, illnesses, and hazardous conditions in the workplace. **All CDC/ATSDR personnel have a responsibility to initiate the incident reporting sequence by informing their supervisors immediately of an injury or illness.** It is therefore imperative that CDC supervisors ensure that their workers know:

- the importance of reporting workplace injuries/illnesses (proper diagnosis and treatment of work related injuries/illnesses)
- the location(s) of the Occupational Health Clinic or response facility
- the procedures to be followed during an emergency situation
- the location of emergency response equipment
- the forms which must be completed for any work-related injury/illness:
 - CDC/ATSDR Incident Report (CDC Form 0.304)
 - Workers Compensation forms (CA-1, CA-16, and/or CA-17)

Contractors working at CDC are the responsibility of their employers who are responsible for their basic medical treatment needs.

Occupational Health Clinic (OHC) - Atlanta*

The primary mission of the Clinic is to monitor, prevent, and treat work-related injuries and illnesses. Secondly, the Clinic provides non-occupationally related care on a space-available basis for adult immunizations, allergy shots, blood pressure checks, and initial assessment of nonoccupational illness that occurs during work hours.

- Main Occupational Health Clinic (OHC): located at Clifton Road, in Building 4, Room

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121, telephone: (404) 639-3385. It has full-time physician coverage and is operational each workday from 8 a.m. to 4:30 p.m.

- Chamblee satellite Clinic: located at Chamblee, in Building 102, Room 1106, telephone: (404) 488-7824. It is operational each workday from 8 a.m. to 4:30 p.m and staffed by a registered nurse and employee assistance counselor.

* For medical services outside of the Atlanta area, contact the OHS Resource Management Activity, Health Project Administrator (404-639-3237).

Automated Immunization and Medical Surveillance (AIMS)

A surveillance system, available to supervisors, which provides worksite immunization and/or medical surveillance requirements. AIMS provides an online reference guide for immunizations and CDC medical surveillance programs, tracks immunizations and surveillance program participation, and automatically issues notifications for immunization updates. AIMS "Policy Guides" are developed by supervisors with assistance from OHS. Policy guides are also available to new employees and current CDC personnel inquiring about new positions, and immunization requirements for these positions. Contact your LAN administrator to install AIMS or the OHS AIMS Administrator for any questions, concerns or problems involving the AIMS system at 404-639-4509 or via email through "OhASIS".

Medical Emergencies

Non Life-threatening Injuries / Illnesses

1. ***Immediately*** report ***all*** work-related injuries and illnesses.
2. Complete the CDC/ATSDR Incident Report (CDC Form 0.304) which must be presented by the employee to the Clinic physician or forwarded to the Clinic within 30 days of the injury/illness.
3. Complete Form CA-1 if the employee will not be at work as a result of their injury/illness and will require continuation of pay (COP). This form must be

completed and sent to the OHC within 30 days of the injury/illness.

4. Complete form CA-16, if the employee will be seeking “outside” medical treatment for which bills may be incurred. It will: a) authorize treatment, b) insure correct billing, and c) secure the attending physician's report. In addition, provide the worker with CDC form CA-17, Duty Status Report, to report medical appointments and treatment received.

5. If the worker is temporarily disabled because of a traumatic injury/illness, they may use sick or annual leave, or request continuation of regular pay for the period of disability (not to exceed 45 calendar days).

6. If the worker is entitled to workers compensation, complete and forward CDC Form CA-2, appropriate checklists, and required documentation to Workers' Compensation Claims Coordinator (M/S A12).

Events

- Incidents not involving injury or illness, but resulting in property damage, must also be reported on CDC Form 0.304 within 48 hours of the incident.
- In case of a fire or explosion that cannot be controlled by one person, vehicular accident resulting in injury or more than \$500 worth of damage, or a chemical release requiring a building evacuation, the involved party must immediately report the incident to the emergency response services in the area (911 - police, fire, etc.). If injuries or illnesses occur, the reporting must follow those procedures outlined above.
- All near-miss incidences are also required to be reported on the Incident Report Form within 48 hours of occurrence. In place of indicating the result of the incident (i.e., actual personal or property damage), the reporting person shall indicate the *avoided* injury or damage.
- Events, hazardous working conditions or situations, and incidents involving contractor personnel must be reported to OHS immediately (404-639-2453).

E. Office Safety

The office environment is one which is often overlooked as a place of hazards. Actually, it has become one of the higher incident locations for workplace injuries. Office workers are 2.5 times more likely to suffer a slip, trip, or fall than at other worksites. When was the last time you tried to remove a paper jam from the copy machine *without* unplugging it first? Ever read the warning label on a container of glass cleaner or “White-out” (both contain toxic substances)? Or do you use a personal space heater brought from home (a cause of severe burns and fire at CDC)?

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As a supervisor, you must be aware of potential hazards even in the office environment.

1. Institute a general policy of good housekeeping:
 - keep work areas clean and free of obstructions
 - do not overload shelves; store heavy items at chest height or lower
 - maintain at least 23 inches of clearance for office exit, and
 - store heavy items at or below chest level
 - keep hallways clutter-free and maintain at least 44 inches of walkway.

2. Decrease the likelihood of slips, trips, and falls (the leading cause of injury at CDC) by:
 - keeping floors, walking areas and stairways clutter-free
 - replacing slippery, torn, or loose flooring/carpeting
 - eliminating projecting electrical outlets
 - cleaning up spills
 - never placing cords across walkways, and
 - keeping all legs of your chair on the floor.

3. Decrease electrical and fire hazards by:
 - periodically checking for damaged and/or frayed cords
 - never using extension cords as permanent electrical installations
 - eliminating overloaded circuits
 - keeping ignition sources away from flammable materials
 - avoiding accumulation of paper and waste/scraps, and
 - storing flammable materials in their proper locations.

4. Decrease eye strain, back disorders, joint pain, fatigue and headaches, by:
 - becoming familiar with the CDC Ergonomics Policy
 - visit the OHS Ergonomics Web page (<http://intranet.cdc.gov/ohs/INDHYG/ergolead.htm>)
 - participating in ergonomics training to become familiar with ergonomic principles• promoting the use of proper techniques, work practices, and equipment
 - procuring ergonomically-designed furniture
 - ensuring adequate lighting
 - having the work site evaluated for proper office layout and design,
 - encouraging employees to report early signs and symptoms of repetitive motion injuries, and

- watching for employees wearing arm/wrist braces.
5. Inform employees immediately upon initial assignment and whenever new hazardous materials are introduced into the worksite as described under OSHA regulation 29CFR1910.1200, the “Hazard Communication Standard”.
6. Ensure 100% employee emergency preparedness compliance by:
- participating in emergency response drills
 - introducing your staff to your emergency program coordinator (the “Orange Hat”)
 - discussing emergency response, including basic first aid, on a regular basis
 - making your workers aware of the locations of the first aid kit, eye wash and showers, fire extinguishers, fire alarms, and nearest emergency exit
 - reviewing with employees how to complete CDC forms 0.304 (“Report of Injury/Illness.”), CA1, CA2, CA16, and CA17.

F. Personal Protective Equipment (PPE) (29 CFR Part 1910.132-140)

Supervisors have the primary responsibility for implementation of the PPE Program in their work area. This involves:

- assessing the need for PPE
- selecting and providing appropriate PPE (lab coats/aprons, safety glasses, face shields, gloves, ear plugs/muffs, respirators, etc.) and making it available at no cost to employees
- ensuring employees are trained on the proper use, care, and cleaning of PPE
- maintaining records on PPE assignments and training
- supervising staff to ensure that the PPE Program elements are followed and that employees properly use and care for PPE
- seeking assistance from OHS to evaluate hazards
- notifying OHS when new hazards are introduced or when processes are added or changed
- ensuring defective, damaged, and soiled equipment is immediately replaced
- ensuring personnel receive annual training in the use and fitting of respiratory protection and hearing protection
- ensuring personnel are enrolled in respiratory protection and hearing conservation medical surveillance programs, as needed or identified by OHS.

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G. Safety Training

Supervisors are responsible for briefing each of their workers about CDC safety procedures, practices, and training requirements. At a minimum, workers should receive:

- Information about site-specific hazards and safe practices related to these hazards;
- A description of OSHA regulations and CDC policies which apply to the work site;
- A description of the CDC/ATSDR Workforce Safety Training Policy; and
- Monthly updates.

The CDC/ATSDR Workforce Safety Training Policy requires first-line supervisors to:

- Inform new workers of their responsibility to attend the appropriate CIO-approved safety orientation within their first thirty days at the CDC/ATSDR;
- Ensure that the worker receives the General Safety Orientation training;
- Provide site-specific training **BEFORE** they begin work;
- Ensure that the training is complete and adequate;
- Ensure that each worker receives any additional training from the OHS necessary to meet state and federal regulations;
- Include documentation of annual safety training in the workers personnel file; and,
- Complete the “CDC/ATSDR Workforce Safety Checklist” and include it in the employees personnel file.

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Supervisory Safety Responsibilities Worksheet

The following worksheet is provided as a guide for implementing a site specific safety program. To comply with CDC, Federal, and State regulations/guidelines, supervisors should:

1. Read your CIO Safety Plan located on your CIO website.
- Read the CDC/ATSDR Workforce Safety Training Policy.
- Take “Safety Survival Skills, Part I, “General Responsibilities” and Part III, “Supervisory Responsibilities”, and Part II, Laboratory Safety, if needed.
- Review the OHS website, OhASIS (<http://intranet.cdc.gov/ohs/>).

2. Develop a site-specific safety manual containing copies of the following:

- CDC/ATSDR Workforce Safety Training Policy (<http://intranet.cdc.gov/ohs/>)
- CDC Incident Reporting Forms (<http://intranet.cdc.gov/maso/forms/jff.htm>):
- O.304 - CDC Incident Report Form
- CA-1 - Federal Notice of Traumatic Injury and Claim for Continuation of

Pay/Compensation

- CA-2 - Federal Notice of Occupational Disease and Claim for Compensation
- CA-16 - Authorization for Examination and/or Treatment
- CA-17 - Duty Status Report
- CDC Ergonomics Policy
- CDC Corridor and Use Policy
- OSHA Hazard Communication Standard

And, copies of the following, as needed:

- Baseline Serum Policy
- Lab Standard
- Hazardous Chemical Waste Management Standard
- Radiation Safety Manual
- Bloodborne Pathogens Standard

3. Communicate the information contained in the site-specific safety manual to your employees on a regular basis.

- Ensure that employees have taken required safety training:
 - Safety Survival Skills Parts I, II, and III as needed
 - Additional CIO or site specific required training (i.e. ergonomics)
- Periodically review the site-specific safety manual for completeness.

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Occupational Safety and Health Protection for Federal Employees

THE OCCUPATIONAL SAFETY AND HEALTH ACT OF 1970, EXECUTIVE ORDER 12196, AND TITLE 29 CODE OF FEDERAL REGULATIONS PART 1960 REQUIRE THE HEADS OF FEDERAL AGENCIES TO ESTABLISH PROGRAMS TO PROTECT THEIR EMPLOYEES FROM OCCUPATIONAL SAFETY AND HEALTH HAZARDS.

THE DESIGNATED SAFETY AND HEALTH OFFICIAL FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES IS

James Tricket, Deputy Assistant Secretary for Management and Acquisition
DHHS/Office of the Secretary/Assistant Secretary for Management and Budget
Wilbur Cohen Bldg., Room 4300
330 Independence Ave., S.W.
Washington, D.C. 20201

RESPONSIBILITIES OF MANAGEMENT ARE AS FOLLOWS:

1. To comply with safety and health standards issued under Section 6 of the Occupational Safety and Health Act of 1970, or develop alternate standards.
2. To develop procedures for responding to employee reports of unsafe and unhealthful working conditions.
3. To furnish approved personal protective and other safety equipment and enforce compliance with requirements with requirements for its use.
4. To inspect all workplaces at least annually with employee representatives and supervisors responsible for the workplaces.
5. To establish and enforce procedures to assure that employees are not subject to restraint, interference, coercion, discrimination, or reprisal for exercising their rights under the provisions of the Occupational Safety and Health Program of the Department of Health and Human Services and its suborganizations.
6. To ensure that notices of serious unsafe or unhealthful working conditions found during inspections are posted near the locations where the conditions exist.
7. To establish procedures for the elimination of hazardous conditions, and to inform exposed employees of the plans for eliminating the hazards. Imminent danger hazards will be corrected promptly.
8. To establish and maintain a management information system to record occupational accidents, injuries, illnesses, and their causes. The data contained in this system will be used to develop annual summaries of injuries, illnesses and useful preventative data. Summaries will be posted for a minimum of 30 days.
9. To establish and provide occupational safety and health training programs for employees as appropriate.
10. To establish occupational safety and health committees.

RESPONSIBILITIES OF EMPLOYEES ARE AS FOLLOWS:

1. To comply with occupational safety and health standards, rules, regulations and orders issued by the Department of Health and Human Services and its suborganizations which are applicable to their actions and conduct.
2. To use personal protective equipment and other safety equipment provided for their protection.
3. To report all work-related accidents and illnesses to their supervisors.

RIGHTS OF EMPLOYEES AND THEIR REPRESENTATIVES ARE AS FOLLOWS:

1. Employees shall be authorized and granted official time to participate in the Occupational Safety and Health Program.
2. Employees shall have access to safety manuals and records covering occupational safety and health standards and injury and illness statistics.
3. Employees shall be afforded the opportunity to comment on alternate occupational safety and health standards proposed by the Department of Health and Human Services and its suborganizations.
4. Employees shall have the right to report unsafe or unhealthful working conditions and to request to appropriate officials that safety and health inspections be conducted.
5. Additional information pertaining to the Occupational Safety and Health Program, its standards and procedures, the Federal Law, and other information on safety and health shall be available for review by employees in the Occupational Safety and Health Office located at

CDC, OHS, Bldg 14, 770-639- 2453
(location and telephone number)

DISCRIMINATION

Employees who exercise their rights under the provisions of the Occupational Safety and Health Program shall be protected from discrimination, restraint, interference, coercion or reprisal.

This poster shall be displayed prominently where it can be easily read by all employees. This poster and any additions to it shall not be altered, defaced, or covered by other materials.

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CDC/ATSDR WORKFORCE SAFETY TRAINING POLICY

Sections: I.PURPOSE AND SCOPE

II.GOALS

III. POLICY

IV. REQUIREMENTS

V. RESPONSIBILITIES

VI. REFERENCES

Exhibits:

1.CDC/ATSDR WORKFORCE SAFETY CHECKLIST

2.SUGGESTED WORK PLAN ELEMENT FOR SUPERVISORS

3.SUGGESTED WORK PLAN ELEMENT FOR NON-SUPERVISORS

I. PURPOSE AND SCOPE

This document establishes the Centers for Disease Control and Prevention (CDC) policy for safety training of all new and current CDC workers in accordance with Occupational Safety and Health Administration (OSHA) regulation Part 1960, "Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters."

II. GOALS

The CDC Occupational Health and Safety Committee (OHSC) developed this policy to ensure that all CDC workers (FTE and non-FTE) receive up-to-date information on the safety policies and practices of CDC. The basic safety orientation courses described below are an important preface to more specialized safety training (specific to the worker's area of work) that is to be made available by the worker's supervisor and the Office of Health and Safety (OHS). Together, these training programs provide the worker with the knowledge and skills necessary to carry out the mission of CDC in a way that protects individuals, their co-workers and the community.

III. POLICY

All Centers/Institutes/Offices (CIOs) must develop, in consultation with the OHS, training programs suitable for the safety training of their workforce. The definition of a work force includes technical and non-technical personnel, guest researchers, visiting scientists, fellows, students, and contractors. Safety training can be administered through the OHS, but each CIO will be ultimately responsible for developing and administering the type of safety training program best suited to their facility.

Annual safety training is mandatory for all CDC personnel (both laboratorians and non-laboratorians).

IV. REQUIREMENTS

Safety Survival Skills

These safety-training requirements apply to employees in CDC occupied facilities. CDC personnel assigned to other organizations (i.e., state public health departments) will follow the training requirements for those organizations.

A. CDC General Safety Orientation

All CDC workers must complete a general safety orientation course(s) that includes information on general CDC safety practices and procedures, hazard communications, office safety that includes ergonomics and safe lifting practices, emergency response, and accident and injury reporting procedures. This course may be developed and provided by the CIO with the approval of OHS. Or, OHS will provide general CDC safety orientation training entitled Safety Survival Skills in several formats: traditional classroom instruction, on-line (<http://intranet.cdc.gov/ohs/training.htm>) and in manual form (<http://intranet.cdc.gov/ohs/>). A comprehensive test on the training material must be satisfactorily completed. A certificate is issued to document completion of the OHS training and a training record is kept by OHS.

1. All new CDC workers must complete their CIO general safety orientation course or the OHS course (Safety Survival Skills, Part I - General Responsibilities) and, if applicable, the laboratory/epidemiologist safety orientation course (Safety Survival Skills, Part II - Laboratory Safety) within 30 days of employment. During this period, security will issue employees access cards (card-keys) and a temporary ID badge that is valid for 30 days. A permanent photo Identification (ID) Badge will be issued once the course(s) is satisfactorily completed. Supervisors of personnel not completing the training will be required to contact the OHS Safety Training Manager to make arrangements for completion.

2. All new supervisors must also take Safety Survival Skills, Part III - Supervisory Responsibilities (<http://intranet.cdc.gov/ohs/training.htm>). This course provides a basic outline of supervisory safety responsibilities required under the Occupational Safety and Health Act of 1970 - Basic Elements for Federal OSH Programs and Related Matters (Executive Order 12196, Public Law 91-596), and guidance for maintaining a safe work environment at CDC.

3. Current CDC workers (supervisors and non-supervisors) will have to provide proof of completion of their CIO-specific safety orientation course or the appropriate version(s) of the Safety Survival Skills courses (Part I, II and III) at any time prior to renewal of their permanent ID badge. Proof of completion of the course(s) will include the certificate from OHS or the worker's training records.

4. Field station supervisors must ensure that workers take the Safety Survival Skills course(s) on the intranet (<http://intranet.cdc.gov/ohs/training.htm>) or from the manual available on the OHS website (<http://intranet.cdc.gov/ohs/>). Alternately, supervisors may provide a general safety orientation to their staff that is similar in content to Safety Survival Skills and approved by the OHS Safety Training Manager.

B. Site-Specific Safety Training

The first-line supervisor, or another designated person, must provide site-specific safety training before the worker begins any work. This training must provide in-depth information on safety issues, policies and practices for the worker's specific work site. In general, the first-line supervisor is the individual responsible for signing the worker's time sheets, leave slips, and/or performance appraisals. The first-line supervisor may designate a qualified individual to provide this training; however, it remains the supervisor's responsibility to assure that the training is adequate and has been completed. The CDC/ATSDR Workforce Safety Checklist (Exhibit 1) is provided to record site-specific training.

C. Annual Safety Training

All CDC workers are required to complete annual safety training, including that required to meet State and Federal regulations. For example, annual training in bloodborne pathogens and hazardous chemical management is required for some laboratory workers and hazard communication is required for all workers. Each CIO should develop a core curriculum and frequency of completion of required safety courses for all of their employees. CIOs may have workers retake Safety Survival Skills and/or take other OHS approved safety courses offered on the intranet (<http://aod-xdv-cbt/>) or in the classroom to meet the annual safety training requirement(s).

Contractors must institute safety plans that meet or exceed CDC-specific guidelines and must maintain safety training records for their own personnel. If the contractor cannot provide CDC site-specific training (Exhibit 1, Workforce Safety Checklist), OHS will provide the training to those contracted personnel.

All safety training must be documented and made part of the worker's training records.

D. Compliance

Each CIO must establish a process to ensure compliance with staff safety training requirements. Supervisors with employees working in high hazard areas (labs, shops, etc.) or with hazardous materials (chemical, biological, or radiological) must have a critical safety element or sub-element in their work plan. In addition, all employees working in high hazard areas or with hazardous materials will have a safety element or sub-element included in their work plan. The suggested workplace elements for supervisors and non-supervisors are included as Exhibit 2 and Exhibit 3. Performance standards are written at the 2, 3, and 4 levels. Performance levels 1 and 5 may be included at the discretion of the individual supervisors. CIOs may modify this work plan element to reflect the type of work performed by their staff. These work plan elements will be used for mid-year performance ratings of all affected employees beginning in January 2002.

V. RESPONSIBILITIES

A. Worker

Safety Survival Skills

1. Follows the guidelines described in the CIO or OHS general safety orientation course and in the site-specific training. Conducts his or her work in a safe manner.

2. Notifies the first-line supervisor of safety concerns or unsafe situations in the work place.

B. First-Line Supervisor

1. Ensures that the worker receives the general safety orientation training.

2. Provides site-specific training, and ensures employee compliance with the new employee and annual safety training requirements of the CDC/ATSDR Workforce Safety Training Policy.

3. Ensures that workers work in a safe manner and comply with any additional State and Federal safety regulations.

C. CIO Management: Branch Chiefs/Division Directors/CIO Directors

1. Develops a method to identify training needs and ensures safety training of all workers.

2. Ensures compliance with this policy and submits an annual report to OHS on completion of safety training by all personnel.

3. Ensures compliance with bargaining unit contracts.

D. Office of Health and Safety

1. Provides a general safety orientation course specific for all CDC workers in appropriate formats.

2. Advises on development of CIO safety training programs.

3. Provides additional safety training courses of both a general and specific nature to CDC workers, including those that meet State and Federal regulations (e.g., Radiation Safety, Hazardous Chemical Waste Management, and OSHA Bloodborne Pathogens Standard).

4. Prepares an annual report on CIO compliance with this policy.

5. Maintains attendance/training records for all CDC workers attending OHS courses.

E. CDC/ATSDR Occupational Health and Safety Committee (OHSC)

1. Periodically reviews and updates the general safety orientation course material.

2. Periodically reviews and recommends revisions to the Policy to reflect changes in Federal regulations and compliance-related issues.

VI. REFERENCES

A. CDC Memorandum, CDC/ATSDR General Policy on Workforce Safety Training, dated November 18, 1998.

B. CDC Workforce Safety Implementation Plan.
See <http://intranet.cdc.gov/ohs/policies/wst-ip.htm>.

C. Basic Program Elements for Federal Employees Occupational Safety and Health, Sub-section H, Training, 29 CFR Part 1960 Sections 1960.54 - 1960.60.

Safety Survival Skills

CDC/ATSDR Workforce Safety Checklist (Exhibit 1)

To the CDC/ATSDR worker: The completion of this checklist will ensure that you have been properly advised and trained regarding safety-related issues in your work area. At a minimum, the items below should be discussed by you and your supervisor prior to beginning work. The signed and dated checklist should be filed in your personnel file in your branch office and copies retained by you and your supervisor..

- _____ Discussed safety regulations specific to work area
- _____ Discussed potential electrical hazards
- _____ Discussed potential noise hazards
- _____ Discussed appropriate safety-related work attire
- _____ Discussed CDC policy on workplace violence
- _____ Reviewed emergency response procedures:
 - _____ Fire or explosion
 - _____ Medical emergency
 - _____ Evacuation routes
- _____ Reviewed CDC/ATSDR Workforce Safety Training Policy
- _____ Registered for OHS Safety Survival Skills course
- _____ Reviewed how to access OHS website
- _____ Reviewed the available job-specific safety manuals
- _____ Introduced to local Safety Committee Representative and/or is provided their name and telephone number
- _____ Received directions to the Clinic and advised on its use
- _____ Reviewed the use of CDC Form 0.304 (CDC/ATSDR Incident Report)
- _____ Reviewed the procedure for filing Worker's Compensation forms CA1, CA2, and CA16

Worker's signature _____ Date _____

Supervisor's signature _____ Date _____

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Suggested Work Plan Element for Supervisors (Exhibit 2)

<i>Performance Element</i>	<i>Performance Standard</i>
<p>Promotes and provides a safe and healthy work environment.</p>	<p><i>Excellent (Level 4)</i> Assigned tasks are performed according to established occupational health and safety policies and procedures completed as described in “Fully Successful” standard with: no occupational-related incidents and in full compliance with current CDC/ATSDR, CIO, organization safety policy.</p> <p><i>Fully Successful (Level 3)</i> Assures existing and potential occupational hazards in organizational component are identified and appropriate actions taken/ reported to minimize or prevent those hazards.</p> <p>No more than one (1) occupationally-related incident which could have been prevented by appropriate action of incumbent meets this level.</p> <p>Failure to comply with a current CDC/ATSDR, CIO, organization safety policy no more than one (1) time meets this level.</p> <p><i>Marginally Successful (Level 2)</i> Accomplishes only the mandatory compliance requirements with little/no initiative shown in actively pursuing/supporting safety and health programs.</p> <p>Two (2) occupationally-related incidents which could have been prevented by appropriate action of incumbent meet this level.</p> <p>Failure to comply with a current CDC/ATSDR, CIO, organization safety policy two (2) times</p>

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Suggested Work Plan Element for Non-Supervisors (Exhibit 3)

<i>Performance Element</i>	<i>Performance Standard</i>
<p>Promotes and provides a safe and healthy work environment.</p>	<p>Excellent (Level 4) Assigned tasks are performed as described in “Fully Successful” with no occupational-related incidents and in full compliance with current CDC/ATSDR, CIO, organization safety policies, rules, and procedures.</p> <p>Fully Successful (Level 3) Incumbent follows CDC’s, CIO’s, and supervisor’s safety procedures, rules, and policies relating to health and safety. Incumbent reports existing or potential occupational hazards immediately to the supervisor or management. Incumbent reports all occupationally related incidents, near misses, injuries, or illnesses to the supervisor, management, or the Office of Health and Safety.</p> <p>No more than one (1) occupationally related incident that could have been prevented by appropriate action of incumbent.</p> <p>Fails to comply with CDC ‘s (ATSDR), CIO’s, or supervisor’s safety policies, rules, and procedures no more than one (1) time.</p> <p>Marginally Successful (Level 2) Incumbent accomplishes only the mandatory compliance requirements with little or no initiative shown actively in pursuing or supporting safety and health programs.</p> <p>No more than two (2) occupationally related incident that could have been prevented by appropriate action of incumbent.</p> <p>Fails to comply with CDC ‘s (ATSDR), CIO’s, or supervisor’s safety policies, rules, and procedures no more than two (2) times.</p>

CDC VISITORS IN THE WORKPLACE POLICY

Sections:	I.	INTRODUCTION
	II.	PURPOSE
	III.	POLICY
	IV.	DEFINITIONS
	V.	POLICY IMPLEMENTATION
	VI.	RESPONSIBILITIES
	VII.	COMPLIANCE
	VIII.	REFERENCES

I. INTRODUCTION

Federal Property Management Regulations govern the conduct of visitors in government owned/leased facilities. Security considerations mandate that all CDC facilities be closed to the general public and admission restricted to authorized persons who have business with CDC.¹

II. PURPOSE

The purpose of this policy is to provide information to CDC personnel on the policy and procedures to be followed for Visitors in the Work place at CDC.

III. POLICY

It is CDC policy that visitors to CDC must be authorized to enter the property and display appropriate identifying credentials at all times while on the property. This policy does not preclude occasional, brief visits by persons not conducting CDC-related business, e.g., personal friends, relatives, spouses, children, credit union members, etc. All visitors, except those going to the credit union or cafeteria or other unescorted visitor-only areas, must be accompanied by a CDC employee. Prearranged, pre-approved educational programs and tours of CDC facilities are allowed if children are escorted by parents, chaperones, or CDC employees. However, these events should be kept to a minimum due to security/safety considerations and the potential for workplace disruption.

Children under 16 years of age are not permitted into any laboratory, laboratory corridor, animal holding area, engineering shop, or construction area at any time, because of the potential for exposure to health or physical hazards. Exceptions must be cleared through the local safety officer, safety committee, or the Office of Health and Safety.

In addition, each laboratory supervisor is responsible for the safety of visitors to his or her laboratory or work area, including determining that immunization requirements have been met. CDC security policy requires that visitors be accompanied by an employee at

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all times while in our facilities. The term employee includes technical and non-technical personnel, guest researchers, and work-study students. Contractors, while not employees, shall adhere to this policy.

CDC is committed to promoting a culture that is supportive of the needs and career aspirations of staff with family responsibilities. Family responsibilities are not confined to the private sphere, but impinge on all aspects of an individual's life, including employment. As an equal opportunity employer, CDC has an interest in supporting its members to balance the various demands they face as staff and as people with family responsibilities. CDC is committed, therefore, to promoting equity for all staff and to ensuring that individuals are not disadvantaged in their career aspirations by family responsibilities. Other complementary guidelines and practices currently encourage supervisors to be sympathetic to the needs of parents in granting appropriate leave to care for sick children and other family members (e.g., Family Friendly Leave).

Under CDC policy it is understood that despite the range of childcare options available to staff throughout the community, there may occasionally be emergency situations requiring staff to bring their children into the workplace. Employees, therefore, should utilize the following guidelines for unforeseen circumstances where alternative arrangements cannot be made. They have been developed to ensure responsiveness on the part of CDC to such situations, and to outline the responsibilities of employees who bring children or visitors into CDC facilities. Employees should understand the importance of this policy since the workplace is not designed for children, and CDC may be held liable if a child is hurt or injured. Employees having difficulty with child care arrangements are encouraged to contact the Family Program Manager in the Human Resources Management Office, and/or the Coordinator for the CDC Employee Assistance Program. Employees may wish to choose to use an outside resource such as Dependent Care Connection at Telephone No. 1-800-873-4636; their web address is <http://www.dcclifecare.com/>.

IV. DEFINITIONS

A. Employee

Includes all personnel, including guest researchers, and work-study students.

B. Children

Those under the age of 16.

C. Contractors

Personnel performing contractual services on-site.

V. POLICY IMPLEMENTATION

The following policy applies to all CDC facilities, including owned and leased buildings.

A. Children in Laboratory Areas, Laboratory Buildings

No children under the age of 16 will be allowed in laboratory buildings or animal facilities. This includes office areas, stairwells and corridors associated with the laboratories, as well as actual laboratories. In consultation with the Office of Health and Safety and the Physical Security Office, each CIO Director may assess the risks of selected areas in their facilities and define those areas as accessible by visitors. This consolidates several guidelines that are currently in place concerning access to laboratories using hazardous agents or radioactive material and restricts access to these buildings to those who are potentially eligible for employment (16 is the youngest age that anyone is recruited to the CDC Summer Student Employment Program). The Occupational Safety and Health Committee (OHSC) member for each CIO will designate laboratory areas and laboratory buildings.

B. Children in Office Buildings

For those emergency situations where staff need to bring children to work, children may be in an office for short periods of time (2 hours or less), without prior approval, though the immediate supervisor will be informed. For periods longer than this, approval of the immediate supervisor must be obtained. However, generally no child should be present for a full day. Children come under the same guidelines as other visitors, and should not be left unaccompanied. All children under the age of 12 must be under the direct supervision of their parent at all times. At no time should a child of any age answer the telephone or operate office equipment.

C. Children in Engineering Work Areas, Warehouses, and other High Risk Areas

No children under the age of 16 will be allowed in any construction area, engineering work areas (i.e., workshops, power plants, etc.), warehouses, or other similar high risk areas.

D. Pets in Work Areas

Animals, as defined in Webster's New World Dictionary, shall not be brought upon government-owned/leased property for other than official purposes. Service dogs, or other service animals used to guide or assist persons with disabilities are exempt.

VI. RESPONSIBILITIES

A. Responsibilities of Supervisors

The employee's immediate supervisor will be informed when a child is to be present in the workplace for short periods of time (2 hours or less). If this presents a problem, the supervisor will immediately inform the employee and negotiate a suitable leave alternative or an acceptable child's stay in an office for longer than two hours. This should be only with the prior permission of the immediate supervisor. Generally, it is not acceptable for a child

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to be present for a full day.

Supervisors may wish to consult with their Section/Branch/Division Chiefs or Associate Directors of Management and Operations (ADMOs) when considering such requests and again, particularly when discussing suitable leave options. Requests to bring children into the workplace should be given careful consideration. Requests shall be treated with flexibility and sensitivity. Factors to consider may include the age of the child, the child's health, the length of time involved, the frequency of attendance, the work environment, health and safety issues, and the degree of possible interference with other staff. Permission may be immediately withdrawn should any child be disruptive to the workplace.

Supervisors are encouraged to advance annual leave in emergency situations, credit or compensatory time, sick leave to care for a sick child, or leave without pay.

B. Responsibilities of all Employees

All possible alternatives should be sought to avoid bringing children into the work place. This is especially the case for occasions that can be anticipated (i.e., childcare for children during regularly scheduled school breaks, teacher work days, etc.) where childcare arrangements outside of the workplace can be scheduled in advance. These guidelines are intended to address emergency situations where a parent must bring a child to work for short periods when no other alternatives are available. Sick children should not be brought into the workplace. Appropriate leave should be granted so that parents may care for children in such situations.

The immediate supervisor should be informed when a child is to be present in the workplace with as much advance notice as possible, recognizing that it is in the nature of an emergency to be unforeseen. The principle of "reasonableness" will apply to both those requesting and those granting permission. Parents should be sensitive to the needs of colleagues and co-workers and should not expect others to care for their children in the workplace.

When bringing children into the workplace, the needs of other staff to work undisturbed should be respected. Parents must be aware that the ultimate responsibility for the safety of their children rests with them.

VII. COMPLIANCE

A. While each employee is responsible for abiding by workplace rules, regulations, policies, and guidelines, supervisors are responsible for oversight and compliance.

B. Upon becoming aware of any infractions, employees will be counseled and reminded of the policy. In the event of repeated offenses, violations of this policy may result in disciplinary action.

VIII. REFERENCES

- A. CDC General Memorandum No. 85-8, dated March 22, 1985, is superseded.
- B. 41 CFR 101-20.3. Conduct on Federal Property.
- C. 7 USC, 2131-2156. Animal Welfare Act.
- D. 41 CFR 101-20.311. Conduct on Federal Property – Dogs and Other Animals.
- E. HHS Instruction 630-1, Leave and Excused Absence.
- F. HHS Instruction 751-1, Official Reprimands/Adverse Actions.
- G. PL 103-3, Family and Medical Leave Act, February 5, 1993.

1References to CDC also apply to ATSDR

CDC ERGONOMICS POLICY

- Sections:
- I. PURPOSE AND SCOPE
 - II. GOAL
 - III. DEFINITIONS
 - IV. POLICY
 - V. RESPONSIBILITIES
 - VI. REFERENCES

I. PURPOSE AND SCOPE

This guide establishes the Centers for Disease Control and Prevention (CDC)¹ policy for preventing work-related musculoskeletal disorders (WMSDs) by minimizing employee exposure to ergonomic hazards.

This policy applies to all CDC/ATSDR personnel including FTE and non-FTE employees. It outlines the responsibilities and functions for all personnel - generally grouped into 3 main groups: employee, line supervisor, and management officials. Some job tasks that historically have had high incidence of risks are: VDT operators, material handlers, hand tool operators, and laboratorians who perform repetitive tasks (pipetting, etc.) for extensive periods of time with no break of activity, use force, or work with awkward postures.

However, the policy is not limited to these employee categories, since any employee may be affected.

Investment in ergonomics programs and instituting administrative and engineering control measures can save money by decreasing workers' compensation costs (currently \$1.2M annually) and lost work days and increasing comfort, safety, and efficiency.

Through adapting the workplace to the employee, applying the principles of ergonomics to job tasks, and training in the proper application of ergonomic methods, injury/illness should be prevented and/or minimized, benefitting both the individual and the CDC community.

II. GOAL

The goal of this policy is to prevent these disorders by establishing an effective Ergonomics Program for CDC/ATSDR that incorporates engineering and administrative controls, and adherence to relevant standards and prevention practices.

III. DEFINITIONS

A. Administrative Controls

Procedural risk control measures that include, but are not limited to: training of employees, adjustment of the workplace, use of rest periods/breaks, redesign of work activities, or altering work activities that pose a risk to the employee.

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B. Work-Related Musculoskeletal Disorder

Any class of musculoskeletal pathologies created during work or through excessively frequent use of a particular joint or tissue, especially in combination with awkward positioning, inadequate or no rest periods, or excessive loads. Also referred to as cumulative trauma disorders, repetitive strain or motion injury, repetitive trauma disorders, repetitive stress injury, or overuse syndrome associated with the performance of work.

C. Engineering Controls

Engineered risk control measures include, but are not limited to: devices such as adjustable workstations, tables, chairs, equipment, and tools; and physical modifications to workstations, equipment, tools, processes, or any other aspect of the work environment.

D. Ergonomics

The study of human interaction with the tools workers use, their work process, and the environment workers function in. Ergonomics recognizes the capabilities, differences, and limitations of individuals, and adjusts the tools or environment accordingly.

E. VDT Operator

A VDT Operator is any employee who routinely works at a video display terminal for a cumulative total of four or more hours, inclusive of breaks, during any 12-hour period.

F. Repetitive Work

A work activity in which the work or task elements are continuously repeated over a prolonged period of time. Such activities include pipetting, typing, lifting, etc.

IV. POLICY

CDC will implement and maintain an Ergonomics Program that identifies, and controls ergonomic hazards to prevent injury in accordance with all applicable guidelines, requirements, and standards. The Ergonomics Program will consist of health and risk factor surveillance, work-site evaluations and improvement, medical management, training, and program review and evaluation. Strategies for reducing ergonomic risk factors will focus on engineering controls and administrative controls and implementation.

A. Engineering Controls

Engineering control measures are an important element in eliminating or minimizing ergonomic hazards to which employees are exposed. Engineering controls involve making changes to workstations, tools, or equipment used on the job, or changing the way a job is done to avoid work-related musculoskeletal hazards. Engineering solutions should be used if possible. OHS and ESO can aid in this process.

B. Administrative Controls

Administrative controls involve altering work organization. Administrative controls that can be used effectively include:

1. **Training.** Training provides for the recognition of ergonomic risk factors, understanding the nature of ergonomic injuries and illnesses, application of strategies to improve a workstation layout and other corrective measures.
2. **Work Breaks.** Have employees take frequent short breaks from repetitive tasks throughout the day. An alternate work activity totaling 5 minutes for every 30 minutes of work is necessary for persons who perform continuous, high intensity, repetitive tasks that cause stress on the same body parts (typing, pipetting, hammering, etc.).
3. **Task Rotation.** Cross-train employees to perform other tasks or activities. Rotate employees in tasks or activities that use different muscle groups, if possible.

C. Employee Implementation

Implementation of the CDC's Ergonomics Program will incorporate four elements which make up an effective ergonomics program.

1. **Training and Education.** This element will enhance the understanding of repetitive motion disorders:
 - a. Symptoms
 - b. Where to report symptoms
 - c. Risk factors and potential causes
 - d. Prevention
 - e. Treatment
2. **Worksite Analysis.** This element involves the identification of jobs and activities and workstations that may contain musculoskeletal hazards, the risk factors that pose the hazards, and the causes of the risk factors.
3. **Hazard Prevention and Control.** An element of the program aimed at eliminating or minimizing the hazards identified in the worksite analysis and is accomplished by changing the job tasks or activities, workstations, tools, or environment to fit the worker.

CDC no longer recognizes back support belts or wrist splints as personal protective equipment, or supports the use of these devices in the prevention of back or wrist injuries. The wrist splints devices are considered to be medical appliances, and may be prescribed by a credentialed health care provider who will assume responsibility for medical clearance, proper fit of the device, and treatment monitoring and supervision.

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4. Medical Management. This element involves the effective use of health care resources to:
 - a. Promote injury prevention
 - b. Identify signs/symptoms
 - c. Ensure proper evaluation/treatment
 - d. Reduce time loss/disability
 - e. Maintain productivity

D. Employee's with Special Needs

Specific needs for employees with disabilities will be developed by management with the advice and guidance from OHS. Recommended solutions for unusual job tasks will be reviewed with workers and supervisors and prototype models tested. The prototype models will also be reviewed to be sure identified risks are reduced/eliminated and no new risks are introduced. Once a successful prototype has been established, broader application of the solution can be made at the work site.

V. RESPONSIBILITIES

A. Employees

1. Each employee is expected to be familiar with this policy and to adhere to its provisions.
2. Participate in ergonomics training.
3. Notify management of their reasonable needs to improve their workstation.
4. Identify all activities in their area which may constitute an ergonomic hazard. Re-request assistance from OHS and Occupational Health Clinic, as needed.
5. Be responsible for using proper techniques, work practices, and equipment provided according to the training given.
6. Report early symptoms of WMSD injuries and other ergonomically related concerns to their supervisor for necessary action or follow-up in the OHC.

B. Supervisors

1. Be familiar with this policy and to adhere to its provisions.
2. Participate in ergonomics training in order to be familiar with potential ergonomic hazards.
3. Promote the use of proper techniques, work practices, and equipment provided according to the training given.
4. Follow-up with OHS on individual's request for improvement in work-stations or work proce-

dures to minimize musculoskeletal injuries.

5. Identify all activities in their area which may constitute an ergonomic hazard. Request assistance from OHS and Occupational Health Clinic, as needed.
6. Encourage employees to report early symptoms of repetitive motion injuries to their supervisor for follow up including Form 304 documentation and seek medical attention.

C. Centers/Institutes/Offices

CIO Directors shall support the prevention of or solution to ergonomic problems by ensuring that the proper training and resources are available to supervisors and employees and help support the process both financially and administratively. This includes:

1. Support for replacing or upgrading of workstation furniture;
2. Training managers and employees about ergonomic issues;
3. Ensuring that employees report early symptoms of work-related repetitive motion injuries to the Occupational Health Clinic.

D. Office of Health and Safety

The Office of Health and Safety is responsible for identifying and analyzing cumulative trauma disorder risks by collecting, maintaining, and reviewing all WMSD injury/illness reports and:

1. Conducting ergonomic work site evaluations of office workstations, laboratories, workshops, and other work sites For employees who report WMSD symptoms to the Occupational Health Clinic.
2. Providing guidance to employees, supervisors, and management officials on modifying the workplace to minimize the potential for injuries/illnesses.
3. Evaluating and advising, in conjunction with ESO and/or Real Property, employees and supervisors on the selection of ergonomically sound workstation furniture and equipment, as requested by management.
4. Providing an ergonomics training program for employees and supervisors that promotes the understanding of occupational risk factors, methods for control and prevention of WMSDs, early recognition of WMSD symptoms, and CDC's policy and program to address ergonomics issues. Providing Train-the-Trainer courses for CIO management to set up work stations so that the CIO can evaluate and set up their own workstations as needed.
5. Maintaining an ergonomics medical management program through the Occupational Health Clinic. This program shall consist of notifying OHS of employees in need of ergonomic

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evaluations, notifying clusters of employees of ergonomic problems, referring employees to outside specialists when medically appropriate.

E. Engineering Services Office

ESO, in conjunction with OHS, shall be responsible for integrating ergonomics considerations into work space planning, workstation design, and building modifications for owned facilities. Additionally, ESO shall design for environmental factors such as temperature, noise, vibration, and lighting during facility planning. era- CDC-tem-

F. Real Property and Space Management

Real Property, in conjunction with GSA and OHS, shall be responsible for integrating ergonomic considerations into work space planning, workstation design, and building modifications for leased space facilities. Additionally, RPSM shall design for environmental factors such as temperature, noise, vibration, and lighting during facility planning. ergo- mental

VI. REFERENCES

- A. CDC Memorandum, CDC/ATSDR General Policy on Ergonomics, dated November 18, 1998.
- B. CDC Ergonomics Implementation Plan, dated November 18, 1998.

1 Reference to CDC also apply to ATSDR.

CORRIDOR USE AND SAFETY POLICY

Sections:	I.	PURPOSE AND SCOPE
	II.	GOAL
	III.	EFFECTIVE DATE
	IV.	DEFINITIONS
	V.	POLICY
	VI.	RESPONSIBILITIES

I. PURPOSE AND SCOPE

This guide establishes the Centers for Disease Control and Prevention (CDC)¹ policy for the safe use of corridors in all CDC owned and leased spaces. Employees working in leased space will comply with this policy, General Services Administration (GSA) regulations, and applicable local fire safety codes.

II. GOAL

The goal of this policy is to provide safe corridors in CDC facilities and to ultimately eliminate all storage and placement of materials in laboratory and office corridors as required by the National Fire Protection Association Life Safety Code (NFPA 101). Corridors free of obstructions and hazards will ensure:

- safe and adequate means for occupants to exit a building in the event of a fire or other emergency;
- easy access and mobility for emergency personnel;
- safe passage of people for routine activities within the building;
- access and mobility for safe transportation of goods and materials in corridors; and
- compliance with the Uniform Facility Accessibility Standard and the Americans with Disabilities Act.

Each CDC facility shall form a Corridor Policy Implementation Team (CPIT) to develop a corridor use and implementation schedule. Each team shall consist of: local Safety Officer, facilities personnel, and management designee(s) (should include Union representation). The CDC Office of Health and Safety shall provide each team with general guidance for developing their plan and review each plan for compliance with this Policy.

III. EFFECTIVE DATE

A. Non-laboratory Areas

Immediately.

B. Existing Laboratory Areas and Buildings

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At the time the EM Zone is identified by the Corridor Implementation Team. Strategies for implementing this policy have been developed by the CDC/ATSDR Corridor Implementation Team and are available from the Office of Health and Safety (OHS).

IV. DEFINITIONS

A. Area of Refuge

An area of refuge is a space protected from the effects of fire, either by means of separation from other spaces in the same building or by virtue of location in an adjacent building, thereby permitting a delay in egress travel from any level. sepa-
build-

B. Corridor

A corridor is closed space connecting a room or compartment with an exit.

C. EM Zone

An EM Zone is an equipment and material defined area marked on one side of an existing laboratory corridor. exist-

D. Exit

An exit is that portion of a means of egress that is separated from all other spaces of a building or structure by construction or equipment as required to provide a protected way of travel to the exit discharge. Exits include exterior exit doors, exit passageways, horizontal exits, and separated exit stairs and ramps.

E. Exit Access

Exit access is that portion of a means of egress that leads to an exit.

F. Exit Access Corridor

Corridor used as exit access and serving an area having an occupant load of more than 30 shall be separated from other parts of the building by a fire barrier having a 1- hour fire resistance rating in accordance with the NFPA 101 (Life Safety Code).

G. Exit Discharge

Exit discharge is that portion of the means of egress between the termination of an exit and a public way.

H. Horizontal Exit

A horizontal exit is a way of passage from one building to an area of refuge in another building on approximately the same level, or a way of passage through or around a fire barrier to an area of refuge on approximately the same level in the same building that affords safety from fire and smoke originating from the area of incidence and areas communicating therewith.

I. Laboratory

A laboratory is a room or series of rooms designed for scientific experimentation. Laboratories are generally considered an Industrial Occupancy for purposes of interpreting the NFPA 101.

J. Lobby

A lobby is a hall or large anteroom, such as a waiting room or vestibule of a hotel, theater, etc.

K. Means of Egress

A means of egress is a continuous and unobstructed way of exit travel from any point in a building or structure to a public way and consists of three separate and distinct parts: (1) the exit access, (2) the exit, and (3) the exit discharge. A means of egress comprises the vertical and horizontal travel and shall include intervening room spaces, doorways, hallways, corridors, passageways, balconies, ramps, stairs, enclosures, lobbies, escalators, horizontal exits, courts, and yards.

L. Occupant Load

The occupant load is the total number of persons that may occupy a building or portion thereof at any one time.

V. POLICY

A. Corridors in Existing Laboratory Areas and Buildings

One predesignated side of each corridor shall remain completely unobstructed and a minimum unobstructed corridor width of 44 inches shall be maintained. No material is to be placed within 18 inches of either side of doorways. "EXIT" signs shall remain visible at all times. Emergency evacuation routes/plan shall be routinely visible to all occupants and located on each floor at or near a common area. Individual EM Zones will be removed when a laboratory group moves to another facility.

B. Corridors in New Laboratory Buildings

Corridors shall remain clear of all materials and equipment except for emergency re-

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response equipment. Recycling containers will be allowed when placed in elevator lobbies and in designated and marked locations.

C. Corridors in Non-laboratory Areas

Non-laboratory corridors whether in CDC owned or leased space shall remain clear of all materials and equipment except for emergency response equipment and recycling containers. Recycling containers should be placed in elevator lobbies, where possible.

D. Stairwells, Horizontal Exits, and Designated Areas of Refuge

Materials and equipment not required for emergency response shall not be located or used in stairwells, horizontal exits or designated areas of refuge. Temporary access for maintenance will be allowed only for the time needed for the activity. Unattended storage of materials is not allowed.

VI. RESPONSIBILITIES

A. Employee

Each employee is expected to be familiar with this policy and to adhere to its provisions.

B. Centers/Institute/Offices

Each Center/Institute/Office (CIO) is responsible for ensuring compliance with this policy in building areas that it occupies. They shall conduct surveys through their safety committees as part of the Annual Safety Surveys and assist in the identification and correction of deficiencies in a timely manner.

C. Office of Health and Safety

The Office of Health and Safety, in conjunction with the CDC/ATSDR Occupational Health and Safety Committee and the CIO safety committees, the Physical Security Activity, Office of Program Support (OPS), and the Real Property and Space Management Activity, OPS, is responsible for:

- providing additional guidance and interpretation of the provisions of this policy;
 - conducting periodic inspections of CDC corridors for the purpose of advising each CIO of conditions requiring corrective action;
 - taking immediate action to bring about the removal of items violating this policy;
 - granting, as appropriate, exceptions to this policy as requested by memoranda to the Director, OHS; and
-
- assuring distribution of this policy to all employees.

VII. LOCATIONS OF CORRIDOR IMPLEMENTATION TEAMS

- A. Atlanta
- B. Anchorage
- C. Cincinnati
- D. Ft. Collins
- E. Morgantown
- F. Pittsburgh
- G. San Juan

1 References to CDC also apply to ATSDR.

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CDC AND ATSDR BASELINE SERUM STORAGE PROGRAM

- Sections:
- I. PURPOSE
 - II. SCOPE
 - III. BACKGROUND
 - IV. POLICY
 - V. RESPONSIBILITIES
 - VI. REQUIREMENTS

Appendices:

- A. CONSENT FOR DRAWING BASELINE SERUM SPECIMEN
- B. WAIVER FOR DRAWING BASELINE SERUM SPECIMEN
- C. CONSENT FOR RELEASE OF A BASELINE SERUM SAMPLE

I. PURPOSE

This policy establishes the CDC1 Baseline Serum Storage Program which involves the collection and maintenance of reference baseline serum samples from certain personnel working at CDC, based on their job responsibilities.

II. SCOPE

This policy covers civil service employees, commissioned corps officers visiting scientists, contractors, students, and all other staff at CDC.

III. BACKGROUND

This program is being established for the following reasons:

- To help determine whether personnel are exposed to infectious or other biologically hazardous agents while working at CDC;
- To establish or verify immunologic status regarding specific vaccines that might be offered at CDC;
- To potentially assist health-care providers in providing appropriate medical care to CDC personnel;
- To facilitate research using baseline sera;

Upon request of a CDC investigator, CDC personnel who wish to participate in CDC Institutional Review Board (IRB) approved research projects may sign an informed consent form releasing an aliquot of their serum for specified testing purposes. This consent form will be required for each research project.

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Additionally, specimens may also be used anonymously (i.e., no identifiers linked to the specimen) for certain research protocols with prior consent.

Participation in any research protocol is strictly voluntary. Any genetic testing as part of a research protocol will require IRB review and additional consent.

To provide CDC personnel the opportunity to withdraw aliquots of their specimens for personal purposes.

IV. POLICY

Participation in this program is open to all personnel covered under section II. However, participation is either a mandatory requirement or strongly recommended for certain personnel.

A. *Mandatory*

New employees hired after the effective date of this policy, will be asked to sign Consent for Drawing Baseline Serum Specimen (Appendix A) and provide a serum baseline donation, as a mandatory condition of employment, if their work involves any of the following:

- work with infectious or other biohazardous agents.
 - work with human blood or body fluids.
 - work with animals or other vectors of infectious or other biohazardous agents.

Relevant external and internal job announcements will include this requirement.

Current personnel, as of the effective date of this policy, working in the areas noted above, who have not already had a baseline serum drawn, will be offered the opportunity to have a baseline serum drawn. If these individuals decline to have a baseline serum drawn they must sign a waiver (Appendix B). If such individuals transfer to a new position requiring the baseline serum sample, having the sample drawn will be a condition of employment.

B. *Strongly Recommended*

Participation in this program is strongly recommended for those personnel who:

- occasionally work in or enter potentially biohazardous areas, such as laboratories or animal housing areas where infectious or other biohazardous agents are present or handled.
 - have patient contact related to CDC employment (including commissioned officers that do clinical work as part of their Medical Retention Bonus [MRB] commitment).
 - conduct field epidemiologic investigations, health hazard evaluations, or emergency responses.
 - travel internationally where exposure to infectious or other biohazardous matter may occur.

V. RESPONSIBILITIES

A. Supervisors

Identify positions for which this policy is applicable and ensure that the baseline serum requirement is included in appropriate external and internal job announcements.

Notify the Human Resources Management Office(HRMO)of this requirement.

Assist in identifying currently employed personnel who meet the above eligibility requirements and provide counseling regarding participation in this program. If currently employed personnel refuse to have a serum baseline drawn, they must sign a waiver.

B. CDC Serum Bank Branch

CDC Serum Bank Branch, Scientific Resources Program (SRP), National Center for Infectious Diseases (NCID), will be responsible for the actual storage of the baseline sera for Atlanta-based employees. Applicable personnel who work in locations outside of the Atlanta area may choose to have their sera stored locally or at the CDC Serum Bank, but they must provide data to the CDC Serum Bank as to where their sera may be located.

C. Laboratory Safety Branch

The Laboratory Safety Branch of the Office of Health and Safety (OHS) provides resource assistance to the Centers/Institute/Offices (CIO) and will assist in the identification of applicable personnel who must provide a baseline serum via the OHS "Notice of Intent" form.

D. The Occupational Health Clinic (OHC)

Draw the baseline sera for Atlanta personnel and assist in identifying applicable employees who have not previously provided a baseline serum specimen when they visit the clinic. For personnel in locations outside of Atlanta, sera will be drawn by the same mechanism used for administering immunizations.

All CDC personnel are expected to be familiar with this policy and adhere to its provisions.

VI. REQUIREMENTS

A. Collection Schedule

For applicable new hires, a baseline serum sample is obtained during the pre-employment medical evaluation or as soon after employment as possible.

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For applicable reassignments, a baseline serum sample is obtained before beginning the new position or as soon after reassignment as possible.

A serum sample will be drawn if a supervisor determines that it is necessary before initiating work with a new infectious or other biohazardous agent.

A serum sample may be collected following an exposure to an infectious or other biohazardous agent (e.g., percutaneous or mucous membrane exposure to a body fluid or an animal bite) or at the conclusion of the work with the particular agent.

Additional serum samples (in addition to the baseline sample) may be collected if requested by the employee or the supervisor.

B. Specimen and Data Information

A 10-20 ml sample of whole blood is obtained via venipuncture.

The sample is assigned a unique identification number for inventory purposes. The sample is sent to the CDC Serum Bank and is separated for sera, aliquoted, and stored at -20C or lower.

The CDC Serum Bank will maintain an appropriate inventory database system containing the employee's unique identification number linked to his or her name, which will be password protected and accessible only to the Chief, CDC Serum Bank, and the staff who maintain the database. Information kept on each specimen includes the employee's name, social security number, specimen identification number, and date of collection. A notation will be made when a serum aliquot is released and to whom.

For each sample taken, a 2 ml aliquot of serum must be retained for purposes of this policy and is referred to as the "posterity" sample. Serum samples are retained for thirty (30) years after employment ends.

Any information gained from testing a baseline serum sample will not be used for discrimination purposes.

C. Storage and Retrieval Procedures

Specimens can be released by the CDC Serum Bank in the following instances. However, in no case can the specimen be released without proper consent forms being completed (Appendix C).

In the event of an exposure to an infectious or other biohazardous agent, an employee must be asked to sign a consent form to have an aliquot of his/her serum released for testing.

OHC personnel must request that an employee sign a consent form to have an aliquot

of his/her serum released for testing to verify the immunologic status of the employee in reference to vaccines administered at CDC.

A written request by the employee or the employee's health care provider must be made to release an aliquot of an employee's specimen to assist health-care providers in providing appropriate medical care.

Personnel who wish to release aliquots of their serum to CDC investigators for research and testing must sign an informed consent form, which is part of a protocol that has been reviewed and approved by a CDC (IRB). For employees who have consented to have their serum tested anonymously (Consent Form, Appendix A) no further notification or consent for release will be required for protocols using these specimens.

Personnel may retrieve aliquots of their stored serum by signing a request form (Appendix A) and submitting it to the CDC Serum Bank.

Under current law, serum samples become the property of CDC. Individuals who donate, or have collected from them, blood or tissue do not retain any property rights for those materials.

1 References to CDC also apply to ATSDR.

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Occupational Health Clinic (OHC)

CDC and ATSDR Clinic Services

The Atlanta based CDC and ATSDR Clinic provides preventive health services such as first aid, administration of job related vaccinations, employee counseling, lifestyle programs, etc., to employees. It's recognized that such employer-sponsored preventive health programs help to promote and accomplish the mission of the agency by reducing the use of sick leave, fostering the continuity of work projects and increasing employee productivity. Accordingly, CDC and ATSDR has elected to extend the coverage of occupational-related clinic services for CDC-unique hazards and emergency first aid to non-Federal employees, including on-site contractors at CDC and ATSDR facilities in Atlanta. For eligibility determinations, contact Tammy Gorny at (404) 639-3237.

The other clinic services to be offered to non-Federal employees at CDC and ATSDR cannot incur any additional costs and will be on a space/resource availability basis. Space available services mean that appointments for the clinic and Employee Assistance Program will be limited to Federal employees while non-Federal personnel may be provided occupational related clinic services on a walk-in, standby basis. For lifestyle activities, CPR classes and similar programs, Federal employees will be provided first availability and non-Federal employees may be offered unfilled activity slots.

In order for on-site contractors to participate in activities which may coincide with their normal work schedules, they must obtain the approval of their contract supervisor beforehand. The contract employers must notify the CDC Project Officer and appropriately credit the contract for the contractors' time away from their function (if more than an incidental amount of time is involved). On-site contractors are those contractors who are physically assigned and located at one of the CDC/ATSDR Atlanta facilities.

MEDICAL EMERGENCIES

If a potentially life-threatening Medical Emergency occurs at the worksite, activate the Emergency Medical System by calling "9-911" IMMEDIATELY. Make arrangements to:

- (1) meet the Emergency Responders at the prearranged location, and
- (2) provide an escort and access to the location of the employee with the emergency.

OCCUPATIONAL HEALTH CLINIC

Mission

The primary mission of the Clinic is to monitor, prevent, and treat work-related injuries and illnesses. The Clinic also provides non-occupationally related care on a space-available basis. This includes adult immunizations, allergy shots, blood pressure checks, and initial as-

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assessment of nonoccupational illness that occur during work hours.

Hours and Locations

There are two Clinic facilities. The main Occupational Health Clinic (OHC) is located at

Site	Location	Building	Room	Coverage	Hours	Phone
Main	Clifton Road	4	121	Full-time MD	M-F, 8am-4:30pm	(404) 639-3385
Satellite	Chamblee	102	1106	Full-time RN	M-F, 8am-4:30pm	(770) 488-7824

OCCUPATIONAL MEDICAL SERVICES

The majority of Clinic patient visits are for immunizations, work-related exams, blood tests, and on-the-job injuries. The employee groups seen most often are laboratorians, international travelers, Engineering Services employees, and animal care workers. To keep waiting times as short as possible, the Clinic operates on an appointment basis for non-emergency needs. Call the

Clinic in advance to avoid delays for yourself and others.

After-hours Exposure Incidents

(1) HIV and other Retrovirus Exposures

If you experience an incident at work where there is a known or suspected exposure to HIV or other primate retroviruses, you should administer first aid immediately at your work site. The recommended first aid for a skin or wound exposure is:

- Wash or rinse the exposed area immediately. Do not delay in doing so by making a phone call or cleaning up a spill.
- If the exposure involves an injury, wash the injured body part with soap and water, and flush with water. If available, you may also soak the wound in an iodine solution (do not use iodine for wounds of the eye, nose, or mouth).
- Contaminated mucous membranes should be irrigated thoroughly with sterile normal saline (if available) or at least water.
- Report the exposure to your supervisor. Many people become upset and unable to think and act clearly after an injury. It is recommended that you ask your supervisor or a co-worker to assist you in obtaining medical care.

In the event that an exposure occurs during non-clinic hours, you should contact **Dr. Phyllis Kozarsky**, infectious disease and tropical medicine specialist:

1. Call the Emory/Crawford Long Hospital at **404-321-0111**.
2. Identify yourself as a CDC employee and ask them to page Dr. Kozarsky.
3. If you

do not reach Dr. Kozarsky within 30 minutes, you should seek care for potential retrovirus exposure at the nearest hospital emergency room.

Any decision to treat the exposure with prophylactic antiviral medication will be made on a case-by-case basis. To have the greatest chance of success, however, such medication should be started as soon as possible after the exposure--within the first hour if possible. Therefore, the exposed person should not delay in seeking medical care.

Finally, if the HIV status of the source specimen is unknown, you should try to preserve it and bring it to the clinic for testing.

(2) Other Biological Exposures

If you experience an incident at work where there is a known or suspected exposure to a biological agent, you should administer first aid immediately at your work site if appropriate. The recommended first aid for a skin or wound exposure is:

- Wash or rinse the area immediately. Do not delay in doing so by making a phone call or cleaning up a spill.
- If the exposure involves an injury, wash the injured body part with soap and water, and flush with water. If available, you may also soak the wound in an iodine solution (do not use iodine for wounds of the eye, nose, or mouth).
- Contaminated mucous membranes should be irrigated thoroughly with sterile normal saline (if available) or at least water.
- Report the exposure to your supervisor. Many people become upset and unable to think clearly after a biological exposure. It is recommended that you discuss what happened with your supervisor. Depending on the seriousness of the exposure, it may also be appropriate to ask your supervisor or a co-worker to assist you in the process of obtaining medical care.

In the event that an exposure occurs during non-clinic hours, you should contact **Dr. Phyllis Kozarsky**, infectious disease and tropical medicine specialist:

1. Call the Emory/Crawford Long Hospital at **404-321-0111**.
2. Identify yourself as a CDC employee and ask them to page Dr. Kozarsky.
3. If you do not reach Dr. Kozarsky within 30 minutes, you should seek care for potential retrovirus exposure at the nearest hospital emergency room.

Any decision to treat the exposure with prophylactic medication will be made on a case-by-case basis.

Work-Related Injuries

Treatment of work-related traumatic injuries should be obtained as soon as possible. Although there will be instances when care is needed immediately, supervisors should fill out a CDC/

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ATSDR Incident Report (Form CDC 0.304) for the employee to carry with them to the Clinic.

In addition, the supervisor should complete the following forms as needed:

1. Department of Labor, Federal Employees' Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation (Form CA-1) and,
2. "Request for Examination and /or Treatment", Form CA-16, if there is the possibility or need for outside medical care for which bills would be incurred.

If possible someone in the worksite should call the Clinic to alert the staff that an injured employee will be seeking treatment.

Occupational Immunizations

Immunizations are available by calling the Clinic to make an appointment and bringing a completed "Immunization Authorization" (Form CDC 0.697) to the Clinic at the time of your appointment. The Form CDC 0.697 is completed by the Immunization Coordinator, who is usually your Administrative Officer. The CDC/ATSDR offers all employees the opportunity to receive immunizations to protect them against specific microorganisms encountered in their workplace and elsewhere.

The Occupational Immunizations Program provides immunizations to those individuals requiring them because of potential occupational exposure to these infectious agents or these products. The program provides these immunizations to laboratory workers, engineering personnel, field investigators, and other individuals who may be at potential risk of exposure to these agents. The program also provides a number of immunizations to employees as part of the CDC/ATSDR Adult Immunization Activity. These include vaccines for Hepatitis B, Influenza, Measles/Mumps/Rubella, Pneumococcal Disease, and Tetanus/Diphtheria.

Medical Surveillance Programs

The Occupational Health Clinic also conducts the following medical surveillance programs for a

variety of occupational hazards and positions:

- Hearing conservation
- Respirator use
- Asbestos exposure
- Selected chemical surveillance based on personal monitoring results (e.g. ethylene oxide)
- Retrovirus exposure
- Tuberculosis screening
- Animal care

Non-Occupational Illness Visits

The Occupational Health Clinic performs a variety of non-injury, non-occupational preventive medical services for the CDC/ATSDR community at large, such as blood pressure checks and the following routine adult immunizations:

- Hepatitis B
- Influenza

- Measles/Mumps/Rubella
- Pneumococcal Disease
- Tetanus/Diphtheria

As a convenience to employees who receive allergy shots, the Clinic administers these injections according to the written instructions of the employee's allergist.

Employees are seen for non-work related illnesses and injuries on a space-available basis. Work-related services are given first priority. Anyone who has a significant, non-work related problem should call his/her private physician directly.

Pre-Travel Visits for International Travel

International travel visits for immunizations, malaria prophylaxis, and other medical counseling are

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CDC/ATSDR INCIDENT REPORT

SECTION I.

*To be completed in triplicate by supervisor and white copy delivered by employee, if possible, to the Occupational Health Clinic (OHC).
Note (Supervisors): This form shall also be completed for employees receiving outside medical treatment for occupationally-related injuries or illnesses and white copy forwarded to the OHC for reporting and recordkeeping in accordance with OSHA regulations.*

1. Date of Incident: ____/____/____		2. Time of Incident: _____		3. Employee User ID (e.g. xxx#): _____	
4. Is employee a supervisor? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		5. Date employed (Effective date of employment - MM/YY): ____/____/____			
6. Name (Last, first, middle initial): _____					
7. Home address: Telephone # (Home) City: State:Zip: (Work)					
8. Social security number: ____-____-____		9. Date of birth: ____/____/____		10. Sex (Check one): <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
11. Occupation (Enter the regular job title, not specific activity he/she was performing at the time of the injury.): _____ regularly employed even though in another department at the time of the injury.):			12. Center/Institute/Office (Enter the C/I/O/ in which the person is he/she may have been temporarily working		
13. Location of the incident (Place where incident or exposure occurred, e.g. bldg. #, parking lot, loading dock. etc.): _____			14. Was place of incident or exposure on CDC/ATSDR's premises? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
15. Vehicle involved? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		16. Witnesses, if any (Name(s) in full): _____			
17. How did the incident occur? (Describe fully the events which resulted in the injury or occupational illness. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which led to or contributed to the accident. Use separate sheet for additional space.)					
18. Disposition (Check one): Note: Complete this item only for employees that did not receive treatment at the OHC. Hospital <input checked="" type="checkbox"/> Private Physician <input type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/> (Specify) _____					
19. Supervisors's name (Please print): _____			20. Signature of supervisor and date: _____		

SECTION II.

This section must be completed by the supervisor upon return of the employee to normal duties and the blue copy forwarded to the OHC to document lost time and/or restricted activity.

21. Check box if employee returned to work and no lost time and/or restricted activity was incurred. <input checked="" type="checkbox"/>	
22. Lost time (Enter date employee stopped work. Note: Do not include the day the incident occurred): ____/____/____	
23. Restricted time (Enter date employee was placed on restricted work activity, e.g., 2 hrs. on, 2 hrs. off, half day(s), limited duties): ____/____/____	
24. Date returned to work (Enter date employee returned to normal duties): ____/____/____	

The information requested on this form, including your Social Security Number, is collected under the authority of Executive Orders 1207, 12196, and 12564 and 5 U.S. Chapters 11,31,33,43,61, and 83. This information is used by Office of Health and Safety and Occupational Health Clinic medical personnel to document circumstances of the incident or exposure which occurred. The Social Security number is being collected for identity verification purposes. Furnishing the requested information, including your Social Security number, is voluntary; however, failure to provide the requested information may make it more difficult to provide you with optimal care. Individually identified data will be available to authorized CDC and ATSDR personnel and may be shared with the Occupational Safety and Health Administration and the U.S. Department of Labor. An accounting of such disclosures will be made available to you upon request.



Safety Survival Skills

Employee Assistance Program 404-639-2830 (Atlanta)

Services

The counseling services of a Certified Employee Assistance Professional (CEAP) are available free of charge to employees and their family members who are experiencing personal problems.

Services include:

- Assessment
- Short-term problem-solving
- Referral to professional resources in the community when appropriate
- Consultations dealing with the performance and/or conduct of employees
- On-site contractor employees may be seen on an emergency basis

Range of problems dealt with:

- Alcohol and other drug abuse
- Eating disorders and other compulsive behaviors
- Psychological / Emotional
- Marital
- Family
- Eldercare / Childcare
- Job conflict
- Grief
- Financial
- Legal
- Stress-related issues

Making an Appointment

When employees experience personal difficulty and want to use the EAP services, they are en-

<u>Area Served</u>	<u>Contact Office At</u>	<u>Phone</u>
Atlanta	Chamblee	770-488-7825
Atlanta	Roybal Campus	404-639-2830
Cincinnati	Fed. Occ. Health	1-800-222-0364
Hyattsville	Div. of Fed. Occ. and Beneficiary Health Services	301-443-HELP
Morgantown	Employee Ass. Plus	304.293-5400
Pittsburgh	Family Serv. of Western Pennsylvania	412-344-4327 or 1-800-825-5327
Research Triangle Park	Duke U. Occ. Health	1-800-336-DUKE
Spokane	Maschhoff, Barr & Ass.	1-800-523-5668

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Employees located in areas not covered above are provided EAP services through a contract with Federal Occupational Health (FOH). Call 1.800.222-0364

Field employees or supervisors with questions or problems should contact the Atlanta EAP office at 404-639-2830 or the Office of Health and Safety Health Project Officer at 404.639-3237.

Supervisor Referrals

Ideally, employees utilize the EAP services before their personal problems impact the job. However, there may be occasions when it is appropriate for a supervisor to refer an employee to the EAP. If a supervisor refers an employee, the supervisor will be notified only of the employee's compliance with the referral.

Emergencies

EAP counselors may be reached by a digital beeper at (404) 570-7327. This emergency number is also provided on the phone recording for both EAP telephone numbers.

Counseling is considered Official Duty

According to HHS Instruction 792-2, employees are on official duty when they meet with the EAP counselors. An employee may also use annual leave for an EAP appointment or arrange the appointment during lunch or after duty hours.

Permission/Confidentiality

While employees must inform their supervisor and obtain permission to be away from their job assignment for an appointment, they do not have to disclose the nature of the problem for which they wish to see the counselor. Use of EAP is strictly confidential and no information regarding the nature of the employee's problem will be disclosed without the employee's written consent.

Exceptions to this policy are allowed only in cases of danger to others or medical emergency, or when mandated by Federal regulations or law.

It is difficult enough for a troubled employee to ask for help without having to worry about any stigma that might be associated with seeking assistance. For this reason, EAP offices are located within the Occupational Health Clinics to provide anonymity of access through the clinic's waiting area. EAP visits are not recorded in the employee's clinic medical record.

Impact

The EAP will not impact an employee's job security, pay, or promotability.

Always Voluntary

Office of Health and Safety

Area code is (404) unless otherwise noted

Locations:

Building 1, Room 1042, M/S F05, Clifton Rd. 639-2453
Building 1 East, Room B52, M/S A17, Clifton Rd. 639-3142
Building 25, Room 1015, Chamblee (770) 488-4636

Director's Office

Jonathan Y. Richmond, Ph.D. - Director 639-2453
Robert Hill, Ph.D. - Deputy Director 639-2453

Resource Management Activity

Tammy Gorny - Program Manager 639-3237
Monica Gould - Administrative Officer 639-2173
Audrey Anderson - Program Operations Assistant 639-2453
Vacant - Program Analyst 639-3143
Art Tallman - Senior Computer Specialist 639-4687
Matt Sones - Health Communication Specialist 639-3658

Facility Support Activity

William Howard - Facilities Support Manager 639-2174
Rudy Stotz - Facilities Engineer 639-2409
Joe Felton - Facilities Support Assistant 639-2453
Dwayne Lasky - Safety & Occ. Health Specialist 639-4509

Training Activity

Richard Green - Training Manager 639-2145
Pat Galloway - Training Assistant 639-2146

External Activities

Shanna Nesby - Medical Officer 639-4420
Mark Hemphill - Safety & Occupational Health Specialist 639-4418
Nashandra Hayes - Program Operations Assistant 639-4475
Dave Bessler - Inspector 639-0267
Vacant - Inspector 639-4426
Betsy Weirich - Inspector 639-0268
Minh Thomas - Permits 639-4473
Jewel Goodman - Travel assistant 639-4474
Building 1 FAX 639-2294

Environmental, Health & Safety Branch

Vacant - Chief 639-3147
Phyllis Mangum - Program Operations Assistant 639-3142

Industrial Hygiene Section

Jean Gaunce, CSP, CIH - Chief 639-4614
Mark Wilson - Industrial Hygienist 639-3116
Janice Ashby - Industrial Hygienist 639-3148
Cheryl Melton - Industrial Hygienist 639-1437/(770) 488-4636
Vacant - Industrial Hygienist 639-3117

Environmental Protection Section

Rebecca West, CHMM - Environmental Program Manager 639-3417
Vacant - Environmental Protection Specialist 639-4103
David Ausdemore - Environmental Engineer 639-1464
Tina Lankford - Environmental Health Officer 639-3081
Barbara Loggins - Environmental Protection Assistant 639-3041
Vacant - Environmental Health Officer 639-3317

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Willie Potter - Environmental Protection Specialist (770) 488-3125
Hayden Hardin - Environmental Health Officer 639-1451

Physical Safety Activity

Frances Hardy-Bennett, CSP - Program Manager 639-3146
Vacant - Safety & Occ. Health Specialist 639-1465
FAX 639-0883

Laboratory Safety Branch

Richard Knudsen, Ph.D. - Chief 639-3238

Operations Section

Joanne Jones, Chief - Safety & Occupational Health Manager 639-2753
Vacant - Safety & Occupational Health Specialist 639-2754
Mike Weathers - Safety & Occupational Health Specialist 639-2755
Paul Vinson - Safety & Occupational Health Specialist 639-2752
Janice Knight - Safety & Occupational Health Specialist 639-3141
Dana Jones - Safety & Occupational Health Specialist 639-4295
Vacant - Safety & Occupational Health Specialist 639-1416

Radiation Protection Section

Paul Simpson - Chief, Radiation Safety Officer (RSO) 639-3145
Narvaez Stinson - Deputy RSO 639-3416
Thomasina Greene - Radiation Safety Technician 639-3144
Sherry Lomax - Radiation Safety Technician 639-4685
Nora Lirette - Radiation Safety Technician 639-4686
Biosafety Fax 639-2294
Biosafety Information (Faxback System) 639-3883

Occ. Health & Prevention Services

Project Officer: Tammy Gorny 639-3237
Philip Drope - AIMS Administrator 639-4509

Occupational Health Clinic (Clifton Road)

Patricia Blackwell, M.D. - Medical Director 639-3385
John Simms, III - Physician Assistant 639-3385
Lee-Ann Jean-Louis, RN - Occupational Health Nurse 639-3385
Marie Maurice, RN - Occupational Health Nurse 639-3385
Rhonwyn Sims, Medical Receptionist/Secretary 639-3385
Jacquelin Broadus, Medical Receptionist/Secretary 639-3385
Sylvia Lewis - Office Manager 639-3385

Occupational Health Clinic (Chamblee)

Olivia Huggins, RN - Occupational Health Nurse (770) 488-7824
Alicia Middlebrooks - Secretary/Data Manager (770) 488-7824

Employee Assistance Program (Clifton Road)

Judy Ryland, RN, CEAP - Counselor 639-2830
Gordon Hughes, Ph.D. - Counselor 639-2830

Employee Assistance Program (Chamblee)

Terry Blackwell - Counselor (770) 488-7825

Lifestyle Program

Ed Jones - Director 639-2164
Terri Thompson - Safety and Special Projects Program Coordinator 639-2164
Cheryl Orlansky - Nutrition Program Coordinator 639-2164
Shana Harmon - Fitness Program Coordinator 639-2164
Barbara Brown - Receptionist/Secretary 639-2164
Jacquelin Grier - Receptionist/Secretary 639-2164

OHS Resource Guide

Area code is (404) unless otherwise noted

General Services

Administrative: Monica Gould 639-2173
AIMS Administrator 639-4509
Annual Report: Tammy Gorny 639-3237
Committee Liaisons:
Health and Safety Advisory Board: Jonathan Richmond 639-2453
Occupational Health and Safety Committee: Robert Hill 639-2453
Radiation Safety Committee: Paul Simpson 639-3145
Environmental Quality Council: Rebecca West 639-3417
Worksite Health Promotion Committee: Tammy Gorny 639-3237
Contracts: Tammy Gorny 639-3237
Corridor Policy: Joanne Jones, Joe Felton 639-2753
Budget: Tammy Gorny, Monica Gould, Robert Hill 639-3237
Ergonomics: Jean Gaunce, Janice ashby, Cheryl Melton 639-4614
Laboratory Safety
Biological: Richard Knudsen, Richard Green 639-3238
Chemical: Robert Hill, Rebecca West, Jean Gaunce 639-3147
Radiological: Paul Simpson 639-3145
Physical: Frances Hardy-Bennett 639-3146
Laboratory Surveys: Joanne Jones 639-2754
OhASIS Website - Matt Sones, Art Tallman 639-3658
OSHA Regulations: Frances Hardy-Bennett, Jean Gaunce 639-3146
Asbestos: Mark Wilson, Jean Gaunce 639-4614
Bloodborne Pathogens: Patricia Galloway, Richard Green 639-2146
Construction Hazards: Frances Hardy-Bennett 639-3146
Electrical Hazards: Frances Hardy-Bennett 639-3146
Hazard Communication: Cheryl Melton, Jean Gaunce, Mark Wilson 639-4614
Laboratory Standard: Robert Hill, Jean Gaunce, Joanne Jones, Paul Vinson 639-3147
Physical Safety: Frances Hardy-Bennett 639-3146
Fire Safety: Frances Hardy-Bennett 639-1465
Program Operations Assistants
Audrey Anderson (Office of the Director) 639-2453
Phyllis Mangum (Environmental Health and Safety Branch) 639-3142

Environmental

Air & Title V Permits: Tina Lankford 639-3081
Chemical Redistribution: Hayden Hardie 639-1451
Chemical Spill Control Centers: Barbara Loggins 639-3041
Chemical Tracking: Hayden Hardie 639-1451
DOT Hazardous Material Transportation: Hayden Hardie 639-1451
Environmental Assessment: Rebecca West, Harald Pietz, Robert Hill 639-3417
Environmental Audits: Rebecca West 639-3417
Environmental Compliance: Rebecca West, Robert Hill 639-3417
Environmental Impact Statements: Rebecca West, Robert Hill 639-3417
Environmental Quality Council: Rebecca West, Robert Hill 639-3417
Environmental Permits - General: Tina Lankford 639-3081
EPCRA (Right-to-Know): Hayden Hardie 639-1451

Safety Survival Skills

Executive Order 12856: Rebecca West 639-3417
Hazardous Chemical Waste Disposal: Dave Ausdemore639-1464
Hazardous Chemical Waste Training: Barbara Loggins 639-3041
Hospita Medical Infectious Waste Incineration: Tina Lankford639-3081
Integrated Contingency Plans/Emergency Response: Tina Lankford 639-3081
Integrated Pest Management: Tina Lankford639-3081
Lab Decomissioning/Recommissioning (chemical): Hayden Hardie 639-1451
LINDEN Training: Willie Potter (770)639-3125
Material Safety Data Sheets: Willie Potter (770)639-3125
NPDES Permits: Tina Lankford639-3081
Ozone Depleting Substances/CFCs/Refrigerants: Hayden Hardie 639-1451
Pollution Prevention: Rebecca West 639-3417
Recycling: Rebecca West 639-3417
SARA Title II: Hayden Hardie639-1451
Site Characterization and Remediation: Dave Ausdemore639-1464
Spill Prevention Control & Countermeasure Plans (SPCC): Tina Lankford639-3081
Spills: Rebecca West, Robert Hill, David Ausdemore 639-4614
Underground/Aboveground Storage Tanks: Tina Lankford 639-3081
Waste Disposal: Rebecca West, David Ausdemore, 639-3417

Industrial Hygiene

Air Sampling: Cheryl Melton, Janice Ashby, Jean Gaunce, Mark Wilson 639-4614
Asbestos Inspections, Clean-Up & Removal: Mark Wilson, Jean Gaunce639-3116
Carpal Tunnel Syndrome: Cheryl Melton, Janice Ashby, Jean Gaunce 639-4614
Ergonomics: Jean Gaunce, Cheryl Melton, Janice Ashby 639-4614
Hazards: Cheryl Melton, Jean Gaunce, Janice Ashby, Mark Wilson 639-4614
Hazard Communication Standard: Cheryl Melton, Jean Gaunce, Mark Wilson639-4614
Indoor Air Quality: Cheryl Melton, Jean Gaunce, Mark Wilson639-4614
Lighting: Cheryl Melton, Jean Gaunce 639-4614
Material Safety Data Sheets: Cheryl Melton, Jean Gaunce639-3117
Noise Hazards: Cheryl Melton, Janice Ashby, Jean Gaunce, Mark Wilson639-4614
Odors: Environmental Health and Safety Branch Staff 639-4614
Office Safety: Frances Hardy-Bennett, Jean Gaunce 639-3146
Personal Protective Equipment: Cheryl Melton, Janice Ashby, Jean Gaunce639-4614
Repetitive Motion: Cheryl Melton, Janice Ashby, Jean Gaunce639-4614
Respirators: Janice Ashby, Jean Gaunce 639-3148
Right to Know: Rebecca West, Cheryl Melton, Mark Wilson639-3417
Signs (General Safety): Frances Hardy -Bennett, Cheryl Melton 639-3146
Ventilation: Mike Weathers, Bill Howard, Jean Gaunce, Mark Wilson 639-2755
Video Display Terminals: Cheryl Melton, Janice Ashby, Jean Gaunce 639-4614

Laboratory Safety

Animal Biosafety: Paul Vinson, Dana Jones639-2752
Animal Care & Use Committee: Paul Vinson, Dana Jones639-2752
Autoclaves:
Certification: Joanne Jones, Dana Jones639-2753
Operation: Dana Jones, Joanne Jones 639-4295
Biohazard Signs & Labels: Joanne Jones, Janice Knight639-2754
Biological/Biomedical Waste: Dana Jones, Paul Vinson 639-2754
Biological Etiologic Agents & Materials: Richard Knudsen639-3238

Biological Risk Assessment: Richard Knudsen, Joanne Jones 639-2754
Biological Safety Cabinets : Mike Weathers, LOS staff 639-2755
Biological Spills: Richard Knudsen, Joanne Jones, Paul Vinson 639-2754
Biosafety Consultations: Richard Knudsen 639-3238
Biosafety Training: Paul Vinson, LOS staff 639-2752
Bloodborne Pathogens: Paul Vinson, Pat Galloway, Richard Green 639-2754
Building 15 Biological Safety Issues: LOS staff, Mike Weathers 639-2754
Chamblee Lab Safety Issues: Paul Vinson 639-2752
Chemical Safety: Jean Gaunce, Rebecca West, Robert Hill, Paul Vinson 639-4614
Containment Labs (BSL-3&4): LOS staff, Mike Weathers 639-2754
Damaged Packages: Richard Knudsen, Joanne Jones, LOS staff 639-2754
Decontamination: Dana Jones, Paul Vinson, Mike Weathers, Joanne Jones 639-2754
Emergency Response, Biologicals: Joanne Jones, LOS staff 639-2753
Exposure Effects (chemicals): Robert Hill, Jean Gaunce 639-4614
Fume Hoods: Mike Weathers, Jean Gaunce, Robert Hill 639-2755
Fume Hood Certification: Mike Weathers 639-2755
Infectious Agents and Materials: Richard Knudsen 639-3238
Shipping Regulations: Richard Knudsen 639-3238
Importation Permits: Mark Hemphill 639-0224
Laboratory Accidents and Injuries: Joanne Jones, LOS staff 639-2753
Laboratory Acquired Infections: Richard Knudsen, LOS staff 639-3238
Laboratory Waste: Janice Knight, Joanne Jones 639-3238
Laser Safety: Frances Hardy-Bennett 639-3416
Lawrenceville Safety Issues: Paul Vinson 639-2752
Notice of Intent for Infectious Agents: Richard Knudsen 639-2754
Radiation (Ionizing): Paul Simpson, Thomasina Greene 639-3145
Radiation Badges: Thomasina Greene 639-3144
Radiation Safety Committee: Paul Simpson 639-3145

Occupational Health and Prevention Services

Contractor Operated: DYNCORP
Tammy Gorny, OHS Health Project Manager 639-3237
Worksite Health Promotion Committee: Tammy Gorny 639-3237

Clifton Road

AIMS Administrator 639-4509
Occupational Health Clinic: Patricia Blackwell, M.D. 639-3385
Employee Assistance Program: Judy Ryland 639-2830
Crisis Management Team: Judy Raque, Patti Mouvery, Janice Hiland, 639-2830
Joseph R. Carter (OD-ATL), Leonard Schumanski, Paula Kocher,
Tammy Gorny

Lifestyle Program: Ed Jones 639-2164

Chamblee Clinic

Occupational Health Clinic: Olivia Huggins (770) 488-7824
Employee Assistance Program: Terry Blackwell (770) 488-7825

Physical Safety

Accident Reports: Frances Hardy-Bennett 639-3146
Confined Spaces: Frances Hardy-Bennett, Jean Gaunce 639-3146
Construction Safety: Frances Hardy-Bennett, Bill Howard 639-3146
Demolition: Frances Hardy-Bennett, Bill Howard 639-3146

Safety Survival Skills

Renovation: Bill Howard, Joe Felton 639-3116
Design Review: Bill Howard, Robert Hill 639-3116
Electrical Safety: Frances Hardy-Bennett 639-3146
Fire Safety: Frances Hardy-Bennett 639-1465
Fork Lift Safety: Frances Hardy-Bennett 639-3146
Incident Reporting and Recordkeeping: Frances Hardy-Bennett 639-3146
Lockout/Tagout Program: Frances Hardy-Bennett 639-3146
Machine/Tool Safety: Frances Hardy-Bennett 639-3146
Security: Bud Zebehazy, Len Schmanski 639-3486
Slips, Trips & Falls: Frances Hardy-Bennett 639-3146

Training

Publications: Richard Green, Pat Galloway 639-2145
Training Materials/Courses: Richard Green, Pat Galloway 639-2145
Videotapes: Pat Galloway; Richard Green 639-2146

Safety Survival Skills

TRAINING TYPE	JOB PROFILE OR ACTIVITIES REQUIRING TRAINING	TRAINING FREQUENCY	REGULATORY REFERENCE	WRITTEN PROGRAMS & PUBLICATIONS
GENERAL SAFETY				
<i>Back Safety</i>	All employees who regularly lift heavy objects as part of normal work duties.	Upon initial work assignment.	Section 5(a)(1) of the OSHA Act	
<i>CPR-Adult</i>	All employees, guest researchers, visiting fellows, student aides and interns.	Annual. Non-mandatory except for personnel designated as safety attendants during permit-required confined space entry.	Good practice EXCEPT: 29 CFR 1910.146 - Permit confined space	
<i>Ergonomics Awareness</i>	All employees, guest researchers, visiting fellows, student aides and interns.	Annual, non-mandatory	Section 5(a)(1) of OSHA Act	
<i>First-Aid</i>	All employees, guest researchers, visiting fellows, student aides and interns.	Every three years. Non-mandatory	Good practice	
<i>Hazard Communication</i>	Employees as well as contractors who may be "exposed" to or work with hazardous chemicals when performing duties.	Before initial assignment to work with a hazardous chemical and whenever the hazard changes.	29 CFR 1910.1200	Written HazCom Communication Program within "Working Safely with Hazardous Chemicals".
<i>Hearing Protection</i>	All personnel exposed to noise levels >80 DBA for a time period > 8 hours. NOTE: Medical surveillance required; Hearing protection must be worn in identified areas.	Baseline audiogram testing within six months and annually thereafter.	29 CFR 1910.95 Occupational Noise Exposure	Hearing Conservation Program Manual
<i>Occupant Emergency Plan (OEP) Training for Building Occupants</i>	All employees, contractors, and visitors.	Upon initial assignment and when designated actions under the plan changes and/or whenever the plan is changed.	29 CFR 1910.38 Employee emergency plan and fire prevention plans.	Occupant Emergency Plan
<i>Occupant Emergency Plan (OEP) for Persons</i>	Employees designated as emergency evacuees	Prior to use of a respirator and annually	29 CFR 1910.38 Employee emergency	

Safety Survival Skills

TRAINING TYPE	JOB PROFILE OR ACTIVITIES REQUIRING TRAINING	TRAINING FREQUENCY	REGULATORY REFERENCE	WRITTEN PROGRAMS & PUBLICATIONS
GENERAL SAFETY				
<i>with Disabilities (PWD) and Evacuation Assistants (EA)</i>	tion personnel.	Upon initial assignment and whenever the employee's responsibilities or designated action under the Individual Evacuation Plan (IEP) changes and/or whenever the OEP is changed.	<i>plans and fire prevention plans.</i>	OEP Handbook for coordinators, monitors, and evacuation assistants.
<i>Respiratory Protection</i>	All personnel who are required to wear respiratory protective equipment. NOTE: Medical surveillance and fit testing required prior to respirator being issued.	Prior to use of respirator and annually thereafter.	29 CFR 1910.134 Respiratory Protection	CDC/OHS Respirator Program
<i>Safe Use of Portable Fire Extinguishers</i>	All CDC workers.		29CFR1910.157	
<i>Safety and Health Orientation</i>	All new employees, guest researchers, visiting fellows, student aides and interns.	Upon request. Annual		
<i>Supervisory Responsibility</i>	Required by OSHA of all CDC/ATSDR supervisors.	Annual	Part 1960 - Basic Program Elements for Federal OSH Programs	CDC/ATSDR Workforce Safety Training Policy: Safety Survival Skills - Part I
<i>Animals in Research</i>	All employees who work in animal laboratories or frequently enter animal labs in carrying out their work duties.	Annual		CDC/ATSDR Workforce Safety Training Policy: Safety Survival Skills - Part II
LABORATORY SAFETY				
<i>Biological Safety</i>	All employees who work in biological laboratories or frequently enter labs		29 CFR 1910.1030 1910.1450 1960.8(a)	Biosafety in Microbiological and Biomedical Laboratories; AALAC
<i>Bloodborne Pathogens</i>	All employees where exposure to blood and other potentially	Upon initial assignment.	29 CFR 1910.1030	Biosafety in Microbiological and Biomedical Laboratories

Safety and Health Training Table

Safety Survival Skills

TRAINING TYPE	JOB PROFILE OR ACTIVITIES REQUIRING TRAINING	TRAINING FREQUENCY	REGULATORY REFERENCE	WRITTEN PROGRAMS & PUBLICATIONS
LABORATORY SAFETY				
	infectious materials may be “reasonably anticipated” as a result of performing their job duties.	Before initial work assignment, whenever hazards change or upon reassignment.	Bloodborne Pathogens	CDC/OHS: Working Safely with Bloodborne Pathogens
<i>Gamma-Cell Irradiation</i>	All new users of Radiation Irradiation.		10 CFR 19,20	
<i>Laboratory Safety</i>	Employees who work in laboratories or who frequently enter laboratories in carrying out their work duties.	Upon initial assignment.		Radiation Safety Program and Radiation Safety Manual
<i>Radiation Safety in the Laboratories</i>	All new users of radioisotopes in the laboratories.	Before initial work assignment, whenever hazards change or upon reassignment.	29 CFR 1910.1450 Occupational Exposures to Hazardous Chemicals in Laboratories	CDC/OHS: Working Safely with Hazardous Chemicals
<i>Radiation Safety Refresher Course</i>	All radiation and permitted workers (Once per year).	Upon initial work with radiation projects. (February/ September) Once a year after the two-day basic course is completed. (January and July)	10 CFR 19, 20	Radiation Safety Program and Radiation Safety Manual
<i>Hazardous Material Transportation</i>	All employees, who prepare loads or unload hazardous materials’ shipments.		49 CFR Chapter I, Sub-Chapter C, Parts 171-180	
<i>Hazardous Chemical Waste Generator</i>	All personnel who handle or generate hazardous chemical waste.	Before initial work assignment and at least every two years thereafter.	40 CFR 262, 264, 265	
CHEMICAL & ENVIRONMENTAL SAFETY				
<i>LINDEN-Hazardous Material Database Training</i>	All personnel who handle/manage chemical waste.	Within six months of employment and annual review thereafter. Annual		
<i>Asbestos Awareness</i>	ESO maintenance and housekeeping personnel and certain contract			

Safety Survival Skills

TRAINING TYPE	JOB PROFILE OR ACTIVITIES REQUIRING TRAINING	TRAINING FREQUENCY	REGULATORY REFERENCE	WRITTEN PROGRAMS & PUBLICATIONS
CHEMICAL & ENVIRONMENTAL SAFETY				
<i>Asbestos Abatement Worker</i>	workers. Personnel assigned to Emergency Asbestos Removal Team.	Prior to or at the time of initial assignment and at least annually thereafter. Annual	Asbestos 29 CFR 1926.58 Asbestos 40 CFR 763, Appendix	
CONSTRUCTION SAFETY				
<i>EPA Proper Use of Refrigerants</i>	All personnel, who maintain service or repair appliances containing refrigerants and anyone, who disposes of appliances (except for small appliances and room air conditioners).	Effective 11/14/94 affected, personnel must be certified by EPA approved technician certification program (Recertification not required, unless EPA requested).	C to Subpart E Asbestos Section 608 of the Clean Air Act Amendments of 1990	<i>OHS Asbestos Abatement Program</i>
<i>Lockout/Tagout</i>	All personnel who service and/or maintain machinery or equipment.	Before initial work assignment and thereafter when procedures or equipment change.	29 CFR 1910.147 The control of hazardous energy	<i>EPA Certification Program</i>
<i>Permit-Required Confined Space</i>	Employees who may enter a confined space in carrying out their work duties.	Before initial work assignment begins, the employer must provide proper training for all employees who are required to work in permit spaces.	29 CFR 1910.146 Permit required confined space	<i>OHS Lockout/Tagout Program</i>
				<i>OHS Confined Space Program</i>

Supervisory Responsibilities Final Exam

Worker Name: _____ Phone: _____

User ID: _____

1. All new CDC workers must receive site specific training
 - Within 1 year
 - Within 30 days
 - Within 90 days
 - Before beginning work

2. One of your workers has just cut themselves. Which CDC Form do you need to complete to report the incident to OHS
 - 0.389
 - 0.316
 - 0.304
 - 0.689

3. Training on the Hazard Communication Standard is required for all CDC
 - Laboratorians
 - Custodial workers
 - Engineering services employees
 - Workers

4. Workplace safety is regulated by which Federal Agency
 - OSHA
 - NIOSH
 - EPA
 - NRC

5. Supervisors must ensure compliance with which Government Act
 - Hazard Communication Act
 - Workplace Safety Act
 - Occupational Safety and Health Act
 - National Worker Safety Act

Safety Survival Skills

6. Supervisors are charged with ensuring that their workers
- Work in a safe way
 - Wear appropriate PPE
 - Are trained in safe work practices
 - All of the above
 - A, C
7. Which system would you use to develop a medical surveillance program for your workers
- OhASIS
 - AIMS
 - IMP2ACT
 - LINDEN
8. If an employee has an injury resulting in a claim to the Workers Compensation Program, you would complete which CDC Form
- CA-1
 - CA-2
 - CA-16
 - CA-17
 - C, D
 - A, C, D
9. Where would you find more information about health and safety programs at CDC
- HRMO
 - OhASIS
 - LINDEN
 - IMP2ACT
10. Supervisors must ensure that their workers are informed of all except
- Occupational Safety and Health Act
 - CDC/ATSDR Workforce Safety Training Policy
 - Hazard Communication Standard
 - National Environmental Policy Act
11. Supervisors should
- Provide site specific training to their workers
 - Ensure that all equipment is working properly

Safety Survival Skills

- Investigate all injuries and illnesses
 - Promote safety and provide a good example
 - Comply with all applicable safety standards, rules and regulations
 - All of the above
12. Supervisors must ensure compliance with which regulating Agencies
- OSHA
 - EPA
 - FDA
 - All of the above
 - A, B
13. The Office of Health and Safety ensures that employees
- Follow OSHA regulations
 - Are corrected for unsafe behavior
 - Use pre-designated hallway areas for storage
 - None of the above
14. Supervisors may be held accountable for implementation and practice of safety and health regulations in their work area.
- True
 - False
15. Where would you find your CIO specific "Safety Plan"
- OHS web page
 - HHS web page
 - OhASIS
 - CIO web page

Return completed exam to:
OHS Training Activity
1600 Clifton Rd., A17
Atlanta, GA 30333

